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MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES

At St. Bartholomew's Hospital.

On the Bones of the Head.

THE cranium is of very different degrees of thickness: some there are, whose crania are very thin, mere paper skulls; and some there are, whose skulls are as thick as possible. No surgeon, therefore, by looking at the outside of a man's skull, can tell whether it's thick or thin; and if he had been trephining a thick skull, and immediately afterwards came to work on a thin skull, he certainly would have the instrument into the brain, unless he took very great care. In trephining the skull, you are always to go on as if you were trephining the thinnest skull possible. They say you may go on till you come to the *diploe*; now this diploe is not much to be depended upon; there are thick skulls with a very little diploe, and there are thin ones with much; in short, the diploe appears to be most abundant in the middle period of life; it diminishes in old age, and there is but very little of it to be found in a child. I say, therefore, you must trephine as if you were trephining upon the thinnest skull possible, and as if that skull had *pits* in it, for there are pits in the skull, more especially on each side of the longitudinal sinus; and suppose a person were trephining upon a skull where there was a pit? why, if care was not taken, the trephine would be cutting the membrane of the brain where the pit was, before it had penetrated the bone in the other parts.

Now there is no caution laid down in surgical books with regard to the operation of the trephine, which I believe to be necessary. You must frequently take out the instrument, and examine with a searcher, to know whether you have penetrated the skull; you may penetrate it at one part and not at another, and you should let the teeth bite on that part which is the least likely to be penetrated; in short, it is better to break out the part, when you have once made the slightest penetration, than to run the risk of going through upon the brain. I say it is an unpardonable thing to do so; it's like cutting a hole in a man's belly; if you divide the *dura mater* the blood will flow out, and you cannot sew up the wound again. I have further to say to you, though you may trephine—though you may use Hey's saw, as they call it, and all this, with very great skill, you sometimes do meet with a difficulty in raising up a depressed part of the bone, owing to the internal table, which I believe to be a more frangible table than the outer one, being broken to a greater extent than the outer table. The outer table is the larger, and the internal table is the smaller portion of bone, and when the external table is broken, there is often a considerably larger portion of the internal table broken, which may be wedged in under the external table, and create a very considerable difficulty. It is necessary that this should be borne in mind, in order perfectly to understand the events which occur in operative surgery.

Now there are two states of the skull to which you should particularly direct your attention; one is, the state in which you meet with it in the fœtus. In the fœtus it is made up of many pieces of bone. There is the *pericranium*, for so the *periosteum* of the skull is technically called, externally, and the dura mater internally, and the bone forms between those two membranes.—Points of ossification are set up with some irregularity, but they join together and make plates of bone. There are many pieces of bone in the head of the fœtus, but they soon coalesce and leave only a certain number of principal distinctions. The bones are by no means in contact one with another in the fœtus, but they afterwards become united.

The *bregma*, or *fontanella*, which is an opening, or large interstice, between the *parietal*

bones and the middle of the *os frontis*, is deserving of your attention. All your midwife teachers call your attention to this, for you can distinguish whether the child is dead or alive in passing through the vagina, by putting your finger on this part of its head; if it be alive, you will feel the pulsation, but if it be dead, the brain will not pulsate. You may say, why is the head of a child, when born, composed of so many pieces? Why, it allows of a moulding of the head into the figure of the cavity it has to pass through—the cavity of the pelvis; if it were formed of solid bone, it would hitch in passing through that cavity.

Well then, I say, you must fix your attention to the head as you find it in the fœtus, and as you find it in the adult subject. There, it 's really one piece of bone. In very old life you see it made of one piece of bone; there's no vestige of the connexions of the bones. The sutures, of which I shall speak presently, are formed intermediately between those two states; but you will always find the sutures beginning to form, first in the inner and last in the outer table of the skull; and you will always find the sutures first obliterating on the inside and last on the outer side.

I would not give two pins' points for a man who would take up the skull and describe the proper bones and sutures of it; for what I want to know is, how you would find them out on the living skull? The pericranium adheres firmly to the crack of a suture, but it does not do so to that of a fracture. To say the truth, in old worn out sutures, as I may call them, there is a great difficulty, and the parts are very frequently mistaken; but how are you to find the sutures? About an inch behind the *angular process* of the *os frontis*, you find the commencement of the *coronal* suture; the coronal suture ascends upwards to the very vertex of the head, touching a perpendicular plane; this is not very decisive, but generally it is correct, and to be relied upon. From the middle of the coronal there proceeds the *sagittal*, which is as straight as an arrow; but where does it terminate? Upon a line drawn horizontally round the cranium from the commencement of the coronal. Then the termination of the sagittal gives you the commencement of the *lambdoidal*. Where does it end? I'll say no more about it at present, than that it terminates behind certain bumps. Now a person who had turned his attention to this might draw out a sketch of the sutures upon a shaven living head, and make oath to the chart. At the same time you must not put entire dependence upon this; if you presume that the sutures are always to be found exactly as I have stated them you will be in error, because sometimes there is a suture down the os frontis; it has been continued through life, as in the fœtus. Always the os frontis of the fœtus is to be found in two pieces, and the sagittal suture (for that is the expression used) is sometimes continued down the os frontis.

Form of the Head.—With regard to the *form* of the head, that is more a matter of curiosity than of useful knowledge. *Mr. Hunter* and *Camper* were turning their attention to this subject at the same time, without apparently knowing what each other was about; and they seemed to think that there was a descending series in the head of every animal, from man. Camper represents that the *Greeks* delineated the head with a wonderful degree of accuracy. The Greeks were very intellectual men, undoubtedly; and I have often heard artists wonder what there was in the statues of the Greeks, which could so fascinate the beholders. To me, it seemed to be perfectly plain: they have exaggerated everything in which the human head differs from the brute, but then with a delicacy that left the exaggeration little perceptible. What have they done? They have raised the human *forehead* almost beyond the facial line; elevated it exceedingly, expanding from the orbits, rather than shelving off from them. They have wrought up the *eyebrow* in a very surprising manner. Now the eyebrow is a feature peculiar to man; no animal has it; there can be very little doubt of its being an index of the mind—a part formed for expression. What have they done with respect to the *eyes*? Made them to look straight forwards; the eyes of brutes look to the side. A hare, for instance, will run up against a post, if it's right before it, and break its neck; it will run against its direct foe, provided that foe is directly before it. No animal has a *bridge* to its nose; they have all *snouts*. The bridge is peculiar to man; and they gave him an ample one, raising it high above the sockets. The Greeks thought the *nose* looked handsomest, when it came off *straight* from the head; the Romans liked it *arched* best, and they made it in that form. As to the *nostrils*, they made them as thin, and as unlike a snout as possible. And with regard to the *mouth*, they made it as little like a devouring aperture, as they could. The *lips* they made particularly muscular, strong, and expressive. And the *chin*, which belongs to the human species, and not at all to animals, they made broad and expressive; and upon the whole, they managed to produce a grand effect. Now only sketch but this, and you will have the very front of *Jove* himself. (Laughter.) But I say the exaggeration of every part of the human head, in which it differs from that of a brute, was done with such delicacy, that it re-

quired knowledge and discernment to detect the exaggeration. Well, so much with regard to the form of the head, which I don't go into at length, for I say it is rather a matter of curiosity than anything else. *Gall* and *Spurzheim* have gone much further; but if what they state was to be considered as referring to the brain at all, it would have to be considered whether the convolutions of the brain are organs producing the faculties which those gentlemen assign to them.

Orbitar Plate.—The orbitar plate is *exceedingly thin*; there is but a very slight partition in this part, separating the eye from the brain; and often have I seen *disease* begin on one side of this plate, and work its way through to the other; the partition is so thin, as to admit of disease doing that, on which ever side it begins. A man has been working in a hay-field; he has slipped and fallen; the prong of a fork has entered his eye; he has got up, drawn it out, thrown it from him, and instantly fallen down dead, apparently without any cause. A speck of blood has been observed on the eye; it has been wiped away; an aperture has been observed; and upon examining the part, the fork has been found to have penetrated into the brain.

Now, why do we learn all the particulars of the different bones of the head by rote? For the practice of our profession; and without such learning we could not practice it. Where may you trephine? Draw a horizontal line three parts above the orbit of the eye, and you may trephine where you list, save and except you may not do it precisely on the middle, because then you would come upon the *frontal spine*. If you were to trephine lower down, at the sides, you might penetrate into the orbit of the eye. A person may say, surely I may trephine a little lower than this; but I ask, why should you wish it? Are you not almost as low as the bottom of the skull? I say, making general rules, we ought, if we err at all, to err on the side of safety: it is foolish to walk on the very brink of a precipice, if the same good can be effected by keeping at a little distance from it. This then is the rule, *don't* trephine on the *middle* of the os frontis, for you don't know where this frontal spine, or *crista interna* is to be found. They say if the sagittal suture is seen continued down the os frontis, this spine will not be found; but this is not true, for I have seen it in such a skull.

You ought not to trephine over the *arteria meningea media*, if it's possible to avoid it. Neither would a man trephine, so as to open the *longitudinal sinus*, if he could help it. There is such inequality in the bone at this part, that there is great risk of opening it, if the trephine is applied here. I know it has been often opened. I remember a *madman*, and upon my word his madness was of a curious kind, for he would do just what he liked; he applied to me to give some opinion about his case, and you may be sure I told him to *keep his bowels regular*. (Loud laughter.) But he was persuaded there was something wrong about his head. He told a rhodomontade story about having been pitched off a horse, and that he knew there was something wrong; but he pointed to the precise part which Gall and Spurzheim make the organ of *obstinacy*. (Repeated laughter.) He wished to be trephined; I would not do it; I said, the man who would do it would be as mad as himself. However, a surgeon did it; and he might do it if he thought there would be no harm in doing it; but, *egad*, in doing it he laid open the longitudinal sinus, and the man lost a great quantity of blood. Whether that loss of blood was the cause of it or not, I don't know, but the man became exceedingly quiet and rational afterwards, and he did not rejoice so much for the relief he experienced, as at the *triumph* he had obtained over myself; that seemed to be his great source of delight. However, shortly subsequent, he became as mad as ever. The surgeon was induced to do it, for sometimes there is a speck of bone growing out, or into the brain, which creates great irritation. The surgeon was a well-informed man, and no fault was to be found with him; perhaps the man deceived him. But, I say, when you come to the longitudinal sinus ascending half way up the perpendicular ridge, there are such irregularities, that I defy any body to trephine without wounding the sinus.

Mr. Pott speaks of this wound of the longitudinal sinus; he says he has opened it with a lancet, to take blood, as it were, from the vessels of the head immediately. All this may be done where the wound is made upon the upper part of the head; but what are you to do when the sinus is wounded in the lower part, where people are delirious, and are turning and twisting about, from injuries received on the head? You must lay them on their face, and this really cannot be done. I can only tell you, that I have seen this sinus wounded two or three times in my life, and though I don't believe it killed the patients, yet there was always a dripping of blood till they died.

Now what can you do *surgically* to the *os occipitis*? You may trephine it on either side of the perpendicular ridge; but if you have any thing to do with the under part, you must cut off a man's neck to get to it. I know there are cases on record, where bones have been taken away, and so on, from this part; but I speak generally, and if I err, I give you admonitions that are on the side of caution.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE,

BY MR. GREEN.

THE subject of Mr. Green's Lecture this day, was on wounds of the cornea, and he commenced by making some general remarks on inflammation of the cornea. He observed, that the effect produced by injury was not always proportionate to the cause in these cases, for when the cornea is wounded in the operation for cataract with the knife or needle, in either of which cases there is a clean cut, and the least possible mischief done to the part; yet a destructive inflammation is often set up, which terminates in loss of vision. Whilst, on the other hand, many lacerated wounds of the cornea, occasioned by a blunt body with considerable force, were seen to terminate with but slight inflammation. These varied effects were attributable, Mr. Green observed, to different states of constitution; but in all cases it was incumbent to adopt early a prompt and decisive treatment. First, to remove the cause was a clear indication in those cases where the cornea had been punctured by an extraneous body, part of which was left behind. This should be removed, as it keeps up excitement; but, continued Mr. Green, I will not say that in every instance it is possible, or even proper; and this observation leads me to mention a case of Mr. Cline's, which you will perceive is one in point. In performing the operation for the extraction of a cataract, and when in the act of making an incision through the cornea, the patient's eye became suddenly affected with spasm, and in consequence of this, the point of the knife was broken off. Under these circumstances, Mr. Cline deemed it proper to withdraw the knife; the point being of course left in the eye. In the course of a day or two, it was found, on examining the eye, that the aqueous humour had become turbid, and was of a brownish colour; soon afterwards it became clear, and then was again thickened. It continued thus alternately to be clear and clouded until, at the end of a week, the eye was left in the same state as when the operation was commenced. The point of the knife was, in this case, so far acted upon by the aqueous humour, as to become oxydised, and then mixing with the fluid, it became at length absorbed. Under these circumstances, therefore, in which the point of an instrument has penetrated deeply into the cornea, it will not be necessary to make further incisions with a view of extracting it. But this is an exception to a general rule: the remainder of the treatment in wounds of the cornea, consists in a vigorous adoption, modified of course by circumstances, of the antiphlogistic plan of treatment. Having made these few general observations, I shall proceed to relate to you a case which is now in the Hospital.

(Mr. Green proceeded to read from his book the particulars of the case alluded to; but as we prefer our own report to any which Mr. Green or his dressers can make, we will insert the notes as taken daily by ourselves, observing, by the way, that there were various inaccuracies in the report read by Mr. Green. This was accounted for to us afterwards by the dresser who wrote the case remarking, that he did not *see the patient for the first three days*! Such is the manner in which "authenticated cases" are *got up*.)

CASE.—John White, ætat. 32, a robust Irish labourer, was admitted into Edward's Ward on the 7th of November, on account of injury to the right eye.

He stated, that six days previous to admission, he was employed in holding a light for a person who was employed at some smith's work, and was chiselling iron. Whilst thus engaged, a small piece of the iron flew off and struck his right eye; it occasioned very severe pain, and was soon followed by inflammation. The only means he had recourse to was, the application of two leeches.

On proceeding to examine the state of the eye, it betrayed great intolerance of light, and there was considerable external redness of the lids, with some swelling. There was excessive vascularity, with chemosis of the conjunctiva, but more especially of the palpebral portion; the cornea was generally opaque, or rather it was hazy; and immediately opposite to the inner margin of the pupil, was a light coloured or yellowish spot, of about the size of a grain of wheat. It appeared to be a small interstitial abscess of the cornea; Mr. Green, however, considered it to be a slough of the cornea, and subsequently wrote down in the book, "*Inflammation of the conjunctiva, with slough of the cornea, from mechanical injury.*"

The patient complained of excessive pain in the eye, extending to the brow and temple; he had a frequent flow of scalding tears, and laboured under much febrile excitement, his pulse being quick and hard, the tongue furred, and the skin hot; the bowels were moderately lax.

Mr. Green directed 16 ounces of blood to be taken from the arm, eight leeches to be applied "in the neighbourhood of the eye," and the decoction of poppies to be applied tepid. A purging powder, composed of

scammony and calomel, to be given immediately.

8. The appearance of the eye much the same; there is, however, less sharpness about the pulse. Ordered to be bled to the amount of twelve ounces, and the purging powder to be repeated.

10. The speck in the cornea has increased in size, and the abscess has evidently burst through the internal lamellæ of the cornea, for there is now a collection of matter in the bottom of the anterior chamber of the eye, of a crescentic shape. The febrile irritation continues great, and the vascularity of the eye is not diminished. Repeat the venesection and the purging powder.

11. The quantity of matter in the anterior chamber has increased; the external lamellæ of the cornea, situated over the speck, have now given way, and a portion of the viscid matter is seen filling up the opening. The patient complains of much pain in the eye; the chemosis and vascularity continue unrelieved.

Twelve leeches were applied to the eye last night; and Mr. Green, to-day, directed a similar number to be used, and the purging powder to be repeated.

13. It is now apparent, on examining the eye, that the aqueous humour has escaped through the ulcerated aperture of the cornea, giving to the eye a collapsed appearance; the iris has fallen forwards, and the matter in the anterior chamber is almost entirely gone. The aperture in the cornea is covered by a gelatinous looking substance, much resembling part of the eye of a fish when boiled.

15. There is less inflammation in the eye; the cornea has a peculiar striated appearance, which is, probably, owing to the proximity of the iris. The gelatinous body, covering the opening of the cornea, has increased in size. Upon looking directly down on the eye, as the patient lies in bed, the pupil does not appear to be irregular; but, on viewing the eye from the outer side, a little bag or sac of the iris may be observed protruding towards the breach in the cornea.

Mr. Travers, at the request of Mr. Green, saw the patient to-day; he recommended, in this stage of the disease, that a weak solution of nitrate of silver (one grain to an ounce) should be instilled into the eye two or three times a-day, and the decoction of bark, with ten grains of the extract, to be given three times a-day.

At the same time that Mr. Travers suggested a trial of this plan of treatment, he remarked, that circumstances might probably arise, which would forbid a perseverance therein.

18. The vascularity of the eye has much increased since the last report, and there is great pain experienced. The febrile excitement also is considerable; the pulse is quick, tongue furred, and the skin dry.

Mr. Green directed the bark draughts to be discontinued, and twelve leeches to be applied to the eye. The fomentations to be continued.

20. Both the local and constitutional symptoms are less severe. The appearance of the cornea, at the aperture, is much the same; the gelatinous looking body continues unchanged.

24. There is but little variation since the last report. Mr. Green ordered the projection on the cornea to be touched with the lunar caustic, and afterwards twelve leeches to be applied to the eye.

27. The prolapsus of the iris has not increased; it would seem that the healing process has commenced in the cornea, for there is a halo or dusky white hue to be seen at the verge of the external opening in the cornea. Mr. Green remarked, that he considered the gelatinous-looking body which had for some time covered the opening in the cornea, and was, indeed, considerably above its level, to be a portion of the lamella of the cornea that had sloughed, but had not separated, and which was pushed forwards by the prolapsed iris. The entire perforation of the cornea, he considered, was confined to a small point.

30. Appearance of the eye much the same. Repeat the application of the caustic.

December 2. A sensible improvement has taken place within the last few days. There is now no projection beyond the level of the cornea; the part at which the abscess was situated, is opaque, and there is a nebulous appearance some way around it. The disfiguration of the pupil is trifling; the patient has some vision, but, at present, imperfect; the vascularity is inconsiderable.

Mr. Green's report of the case was only continued up to the 28th, the day on which he lectured, but we have thought it right to give a subsequent report. Mr. Green, in the course of reading the case, and also subsequently, made some general observations, principally in reference to the treatment. He said that the indications were very clear; in the first instance there was great inflammation of the conjunctiva, and also of the deeper seated tunics, which required active treatment. But, subsequently, when the inflammation had subsided, and a slough had formed in the cornea, which slough was separating, then a gentle tonic constitutional plan, combined with a mild local stimulant, were obvious modes of relief. And, lastly, when the iris fell forwards to the opening, the small projecting portion was destroyed with caustic, so that the edges of the aperture in the cornea were not kept asunder,

but the process of cicatrization was allowed to go on.

Mr. Green further observed, that as the iris had become adherent to the inner margin of the aperture in the cornea, the pupil would be somewhat altered in shape; but the opacity of the cornea, he remarked, being out of the centre of vision, would interfere but slightly with the function.

With respect to the effusion of matter into the anterior chamber of the eye, called hypopion, Mr. Green said, that although it is generally called matter, it is in fact lymph; and that in regard to the treatment of this symptom, it was the concurrent opinion of the best writers and practitioners, that an opening should not be made in the cornea for the purpose of evacuating the matter, except in those cases where it was so abundant that great pressure was in consequence made on the cornea; and here, as the excessive distention might lead to sloughing, it would be proper to make an opening in the cornea, in the most depending part, and not in the centre, as recommended by Scarpa.

On Fungous Exostosis.

Dec. 12. Gentlemen, said Mr. Green, I mentioned to you, at the conclusion of my preceding lecture, some particulars respecting a case of tumour at the hip. The patient was then in King's ward, but the case has since terminated fatally, as indeed might be expected. We have had an opportunity of examining the parts, which I have brought down for your inspection, and I purpose making this case, with some observations thereon, the subject of my lecture to-day.

The patient's name was George Webb; he was 24 years of age, and was admitted under the care of Dr. Scott, on the second of November, but was subsequently transferred to me. I found, on examination, that there was a very extensive swelling at the left hip; it extended up towards the loins, down the thigh, and inwards to the groin; the joint formed the centre of the swelling. The tumour was very hard and firm, but at the same time slightly elastic; its surface was irregular, and there was an indistict feeling of fluctuation, as though there were matter deeply situated; this latter circumstance induced me to thrust in a lancet, but only a few drops of blood followed. There was no preternatural heat of the part, and not much pain evinced on pressure. The patient's sufferings were very great; he could obtain no sleep, nor ease in any position of the body; the pain of which he principally complained was at the knee.

The history which he gave of his case was this:—He said, that five months ago he was attacked with violent pain in the knee, which was so severe as to prevent him from walking, or even from standing. The only means of relief which he had recourse to, was applying some stimulating liniments, but at this time he was, it appears, sent about from place to place in quest of his parish, and therefore had no attention paid to him. About a month before his admission into the hospital, a swelling appeared on the fore part of the thigh, which rapidly extended to the back part. A seton was introduced at this time, but it occasioned much pain and irritation.

Now, in the history of this case, there are several circumstances well worthy of attention:—the size of the tumour, its situation, with the joint forming the centre; spreading as it did, the firmness of the swelling, its inequality of surface, and the indistinct sense of fluctuation. The fact, that only a few drops of blood followed the puncture by a lancet. You will then observe the rapid progress of the tumour—it being only five months from its commencement, although it had attained a great size; the great constitutional irritation which prevailed, the quick pulse, hot skin, and want of rest.

Now, it was apparent on first sight, that this was a case in which little or nothing could be done, and therefore I have little to say on the treatment, worthy of attention. Narcotics were given, and poultices applied to the part; the narcotics were gradually increased until four grains of opium were given for a dose, and the local applications were changed from moist warmth to cold evaporating lotions. There was one thing clearly to be perceived, viz. that the complaint soon got much worse after the man's admission into the Hospital. And the report made on his state on the 30th, says that he had, then, cold sweats, with a weak fluttering pulse. He died early on the morning of the following day. (December 1.)

On examination there was found to be a large tumour arising from the whole of the ilium, (and not from the femur as I supposed during life,) it extended over the sacrum as far as the second lumbar vertebra. It filled up the cavity of the ilium, and extended downward between the tuberosity of the ischium and the trochanter major. In the lumbar vertebra, and also on the sacrum, there is some appearance of a bony deposition, and also of absorption. But the tumour was firmly connected to the ilium, and from thence appeared to arise. (The diseased parts were handed round for the inspection of the pupils.)

You will see that the base of the tumour is hard and firm—it is rarely so hard from this, there is radiating to the circumference a whitish fibrous texture, and there is a

softer, gelatinous mass, filling up the interstices. There are spiculæ of bone here and there deposited in the substance of the tumour, and at the outer part of the swelling you find a soft substance, not unlike broken down coagulable lymph, mixed with a few red particles. There is a firm membrane covering the exterior of the tumour, which is, probably, the periosteum. Sir Astley Cooper would have termed this a case of periosteal fungous disease.

It is not unworthy of notice, that the growth has taken place from the external as well as the internal surface of the bone—this is a result which I have before seen in flat bones, as for instance, in the cranium. And there is a good specimen of this, in the Museum of the College of Surgeons. Now as I have this case before me, I shall say a few words on exostosis, but more especially on that which is of a malignant kind.

Fungous exostosis is of two kinds, the one issuing from between the periosteum and bone, or rather growing from the surface of the bone, and having its growth contributed to by the periosteum, and the other issuing from the medullary part of the bone. When the disease originates from the external surface of the bone; the symptoms are, a swelling of the part, which in general increases slowly, it then becomes tuberculated on its surface, and there is at length a sense of fluctuation at different points of the tumour. Very commonly, openings are formed by ulceration, giving exit to a thin discharge; portions of the tumour also come away by sloughing, with the loss of much blood. With respect to the degree of pain experienced, much depends on the situation of the tumour, and if it be placed so that it presses upon a nerve, great pain is experienced. In the case before us, the tumour pressed on the sciatic nerve; we could not discover that it was enlarged or inflamed; but this situation of the swelling accounts for the violent pain in the knee, on the same principle that we have pain in the knee from disease of the hip joint. Otherwise than this, there is only a dull obtuse aching felt occasionally, and I should certainly say, that pain is not an essential characteristic of fungous disease.

Now the medullary fungus is very much of the same kind, and is distinguished by nearly the same symptoms as the periosteal. The difference is, that the swelling in the medullary disease occupies more of the circumference of the limb; it is a more diffused swelling. In both cases the progress of the disease is comparatively rapid, and they are both uniformly marked by loss of health. There is great febrile irritation, the patient becomes sallow, feeble, and emaciated, and in this way the powers of the constitution are undermined, and the patient sinks.

Now these are the characters of the disease during life, and on inspection after death you find the same appearances as you have seen to-day in the tumour. You find a tumour between the periosteum and bone, but more adherent to the latter. It is more or less radiated, not always so distinct as in the present case. You will find a whitish substance like coagulable lymph, which is partly organized and partly not. This is shown by throwing in an injection, when we find that portions only of the tumour are reddened by it. In addition to these, you will find a softer mass, resembling broken down coagulable lymph, mixed with a little blood. In some instances, we find cells filled with matter resembling half putrid brain—a something between pus and that curd-like matter contained in scrofulous abscesses. These circumstances, I think, indicate that the deposits are the products of an inflammatory kind of disease, but of a peculiar nature.

The medullary fungoid tumour, I should observe to you, is more lobulated than the periosteal; the parts, when cut into, look like fat or jelly. But you have the same appearances of cells, the same appearance of broken coagulable lymph, mixed with red particles of blood. And there is one thing which I may mention, that is common to both also, namely, an imperfect suppuration; but this does not take place in general, until the latter stages of the disease, and in the present case was not found to have occurred at all.

The remainder of the time usually appropriated for the Lecture, was occupied in showing different drawings illustrative of the appearances of fungoid disease. Some of these appeared to be remarkably well executed, and faithful delineations of the diversified characters of the disease in its different stages. In the course of exhibiting these specimens, Mr. Green remarked, that he thought there was some alliance between fungoid disease and hydatid disease, "as we every now and then meet with them in conjunction."

Mr. Green, in conclusion, spoke of a case of fungoid tumour of the upper eye-lid, growing from the orbit. The patient is a little girl, and has been the subject of two operations for the removal of the disease, but without deriving any benefit therefrom, for she is now in the Hospital on account of the disease returning. The particulars of her case, with an account of the operations performed, were fully reported in THE LANCET some time since.

DR. BARRY'S

PHYSIOLOGICAL LECTURES.

On the Gas of the Intestines.—Its influence upon Apoplexy, and some other Diseases.

In a former lecture it was shown, that the gas contained in the small intestines, acts as a principal impelling power to the stream of chyle flowing from the valvulæ conniventes to the thoracic duct. We shall now endeavour to show the influence of this gas upon the stream of blood which runs from the commencement of the mesenteric veins to the right auricle; hence its influence upon the heart itself, and upon the descending column of the upper cava.

If an animal in health be kept two days without food, and if he be then destroyed and opened, the stomach will be found empty and collapsed, the spleen turgid, the gall-bladder filled with bile, the small intestines pale and inflated into perfect cylinders, the large trunks of the mesenteric veins, and the root of the vena porta, distended with blood.

If, instead of destroying the animal in this exhausted state, a full meal be given to him, the stomach assumes a large volume, the spleen and gall-bladder are reduced in size, the small intestines are pressed more closely together, and the triangular spaces, which their cylindrical folds had intercepted, are diminished. The trunks of the mesenteric veins that occupy these spaces are thus pressed upon; and blood, which had not yet thrown its nutritious particles into the current of the circulation, is forced up to the heart. By this fresh accession of the loaded carrying fluid, the animal is refreshed long before chyle is formed from the new meal, even before the food has begun to enter the duodenum.

This explains why pressure round the abdomen keeps off, or allays for a time, the sensations of hunger.

We can now conceive that the current of blood from the mesenteric and portal veins must be very differently influenced, according to the different states of relative distention, in which the stomach and small intestines may happen to be.

We have all witnessed the distressing symptoms attendant upon inordinate distention of the stomach, by a sudden disengagement of gas. In these cases, the blood of the abdominal veins is sent to the heart with tenfold power, and the thoracic reservoirs are distended almost to bursting. The heart cannot contract sufficiently to allow the thorax its full play—the diaphragm cannot descend. The patient experiences the most suffocating agonies. A few drops of the oil of peppermint, often act as a real "*carmen*" or charm in this complaint, by favouring the expulsion of the distending gas. It would be desirable that veterinary surgeons should note the exact state of the abdominal veins, and right side of the heart, in animals that perish by the extrication of gas from certain kinds of food in their stomachs.

In the decline of life, when the stomach has assumed a larger volume, when the sedentary pleasures of the table begin to be substituted for those of active locomotion, and others of a depletory tendency, when the lungs and the bladder are almost the only outlets for the superfluities of a prodigious absorption; about this period, we hear of determinations of blood to the head, and of deaths from apoplexy. I would venture to assert, said the Lecturer, that we should arrive at much sounder pathological views of this subject, than those at present entertained, by considering the determination to be, on the part of the distended stomach, to send the blood of the mesenteric and portal veins into the sinus venosus in such abundance, that the current to the head is increased, whilst that from it is impeded. How often do we hear, that a stout gentleman rises from his chair, and instantly falls again, struck with apoplexy. In the effort to rise the glottis is closed, the muscles of the belly are braced, the stomach and bowels are pressed upon, the diaphragm cannot yield upwards, for the chest has become a stationary cavity. The blood and chyle are thus forced towards the heart; the descending current of the upper cava is driven back and bursting, or over-distention of the cerebral veins takes place.

In these cases, the stomach-pump should invariably be used, at the same time that bleeding is had recourse to. As the stomach is reduced in volume, the gas in the small intestines expands, whilst its pressure is proportionably diminished. The bowels become more cylindrical, the triangular spaces between them are increased, the mesenteric veins expand to fill these spaces, and the portal blood, is recalled and stored up in the abdomen.

In the cold, and generally fatal stage of the spasmodic cholera of India, the whole of the circulating fluids seem to desert the extremities and surface of the body, to concentrate themselves in the abdominal and thoracic cavities, but chiefly in the former. The arteries within the abdomen are felt beating violently, whilst the pulse at the wrist is imperceptible. One of the earliest and most constant symptoms of this disease is, an anxious desire to eructate; the patient frequently exclaiming, "O, if I could but

get up this wind!" When death takes place in this stage of collapse, as it is called, dissection shows the small intestines, and even the colon, enormously distended with gas of a most peculiar odour, the urinary bladder invariably empty—its sides pressed together. The stomach always collapsed and perfectly void of solid, or even fluid contents, the parietes of the intestinal tube blanched, and bloodless, the veins of the mesentery and hepatic porta prodigiously enlarged and gorged with fluid black blood. The liquids swallowed, during the cold stage of this disease, appear to be spouted up from the stomach, as from a syringe. In fact, the sides of this viscus are powerfully and mechanically squeezed together, so are also those of the urinary bladder, by the gas that expands the small bowels; no bile passes into the duodenum, because this gut is sharply doubled upon itself, when it is bound down to the spine, below the entrance of the ductus communis; and therefore, even gas cannot escape by the pyloric orifice through the stomach.

The coats of the bowels are found perfectly bloodless, because the pressure of the contained gas forces the contents of the capillaries with great violence towards the mesenteric trunks; but in these cases astasis takes place, from the reasons already stated. Thus the miserable individual perishes, first, because a very large portion of his circulating fluids is collected and detained in the abdominal vessels; secondly, because that portion which does circulate, is poisoned by the admixture of the deleterious gas, forced through the absorbing tubes from the intestines.

If a portion of the small guts of a living dog, or a rabbit, be exposed, they become red and vascular in a few moments. Large arteries are seen beating with violence, where, an instant before, no vessel was visible. Let these bowels, apparently in a high state of inflammation, be returned and strongly inflated by means of small bellows, (care being taken to confine them within the abdominal parietes,) and as soon as the inflation is completed, let the animal be destroyed and opened. These same bowels will be found perfectly blanched, the urinary bladder empty, and the mesenteric veins gorged, as in cholera.

If the patient lives long enough in cholera to allow the percolation of the gas through the coats of the intestine into the sac of the peritonæum, producing tympanites, then the pressure on the inside and the outside of the gut is equal; there are no triangular empty spaces, the capillaries are immediately filled, and peritonitis is the sure consequence. Dissection in this case shows the mesenteric trunks even smaller than usually found. It is much to be regretted that the changes which the gas of the intestines undergoes from the influence of disease, diet, and medicine, have not been more minutely studied. This is a new and fertile field for medical and chemical investigation; in which our eudiometers might be profitably employed.

Flatulence and efforts to eructate are constant attendants upon hydrophobia in man. The rapid effects produced upon the hollow bowels, by experimental poisoning through wounded surfaces in animals, are very remarkable.

FOREIGN DEPARTMENT.

A Description of certain Tubercular Excrescences which appeared on the Hands and Feet of a Man named Laurence Ruff. By Dr. Behrends, published by Soemmering.*

The person who was the subject of this description was about 53 years of age when he came under the observation of the father of Dr. Behrends. From his infancy his hands and feet had been covered with large hard protuberances, which became very painful when he began to work. These tumours increased insensibly; and acquired, during the last three years, an enormous size. The patient was, in all other respects, perfectly healthy, strong, and robust, having never had any other disease than the small pox and dysentery.

The hands, which were of a very remarkable volume, had on their palmar surfaces numbers of these excrescences, which were surmounted by horny structure resembling in shape a sharp nail, or cock's spur. Similar vegetations occupied the inner edge of the plantar surface of the right foot. On the left foot, these excrescences were few and small. The tumours were of a firm horny consistence, fixed, and of a greyish white colour. They were of irregular growth, the larger being surmounted by smaller, so that the whole surface was ragged and uneven. Although always dry, they were sensible to the touch, and bled freely; now and then some scales were detached from them, and at such times the least pressure occasioned considerable pain.

Walking proved very troublesome to the patient, and he could seldom stand more

* Beschreibung und Abbildung knolliger Auswüsche der Hände und Füsse der Lorenz Ruff, von Dr. J. B. J. Behrends, nach dessen Tode herausgegeben von Dr. W. Soemmering.

than an hour at a time. The only motions of the fingers which he retained were those of adduction and abduction.

The engraving, which is coloured, represents the excrescences with great fidelity. An analogous case has been reported, in the "New England Journal of Medicine and Surgery," Vol. viii., published at Boston, in 1819; and another in "The Philosophical Transactions." Soemmering mentions that an excrescence of this kind is described in the "Melanges de Chirurgie" of 1786, which was removed with success from a woman 47 years of age, by taking away the integuments down to the bone. Soemmering has not said on what part it grew, but of course it must have been seated over a superficially covered bone. Rudolphi, in a paper which he read in 1815, to the Academy of Sciences, of Berlin on horny productions, has collected a very great variety of interesting cases. These were, for the most part, found to have their origin in encysted tumours. Blumenbach mentions, that these horny excrescences, of which he has a very curious specimen, are found much more frequently in women than in men; and that, in point of composition, they approximate more to the horn of the rhinoceros, than to that of the stag or bullock.

Willan comprehends these affections, and those of the family of Lambert, *the porcupine man*, described and figured by Tilesius, under the common name of *ichthyosis cornea*. The present case Soemmering suggests, should be called ichthyosis *tuberosa*. Alibert considers all these affections mentioned by authors as simple varieties of the same disease, and he accordingly divides the ichthyosis cornea into the *spinosa*, *angulée*, and *arietina*.

PHYSIOLOGY.

Second Memoir on the Fluid which is contained in the Cranium and Vertebral Canal of Man and Vertebrated Animals. By M. MAGENDIE.*

I had the honour of saying before the Academy, in a former paper, that there exists round the brain and spinal marrow a liquid mass, varying in density, according to the parts in which it is found, and occupying the space between the surface of these organs and their membranous coverings. I have proved, by a sufficient number of examinations, that this fluid constantly exists in man; that it is a sign of the healthy and not diseased state, as some medical men, who seeing it only occasionally, or by chance, have been led to believe. The quantity of this liquid, which I call *cephalo-rachidien*, or *cephalo-spinal* (if we have no objection to a word of Greek and Latin origin) is never less in the adult than two ounces, and sometimes amounts to five in tall persons, and those whose skulls are large. The fluid is situated between the pia-mater and arachnoid. During life this liquid fills and distends the membranous sac which contains it, but like the humours of the eye it evaporates and gradually disappears after death. These are the principal facts contained in my former paper.

Facts of this importance, which may throw new light on the functions of the brain and the diseases of this organ, deserve to be studied and investigated with particular attention. Thus, since the publication of my first researches, I have almost exclusively devoted myself to this subject, and I have now the satisfaction of laying before the Academy a certain number of new and curious facts, which have been derived from observation of near two years in the hospitals, and numerous experiments on living animals. The greater number of the remarks which I have made relate to the human subject, for the cephalo-rachidien fluid is much more abundant in man than in animals, and consequently its influence on the animal economy more extensive.

First Part. One of my first objects was to ascertain, with all the attention I was able, what might be the uses of a fluid which surrounds on all sides, and which is in immediate contact with, the most delicate parts of our organisation. It is impossible that this liquid should not exercise either by pressure or by its temperature, or its chemical nature, some remarkable influence on the functions of the brain and the spinal marrow, viz. on the most important and mysterious phenomena of life. In the first place, it cannot be doubted that one of the uses of this liquid is to distend the membranes, so that there is no vacuum in any part between them. There is also one point in relation to which this view is extremely interesting. Persons accustomed to make post-mortem examinations, may frequently have observed, that the brain did not exactly fill the cavity of the cranium; a circumstance indicated by the hollow sound which is produced, when this part is struck, and still better by the numerous folds which the dura mater forms, when the upper part of the calvarium is removed. This appearance is more particularly to be observed in thin spare subjects of an advanced age. Anatomists have laid little stress on this circumstance, because, believing that there could not exist a vacuum in the interior of one of the cavities of the body, from their being unable to explain it, they

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* Journal de Physiologie, 1st No. Jan. 1827.

have altogether neglected the fact. Since I have been at the Salpetriere, I have had no longer a doubt on the subject. I have already examined a very large number of heads of very old and thin persons, and have seen that generally at the age of seventy, and especially eighty years, the cerebrum and cerebellum are far from entirely filling the cavity of the cranium. It often happens, that from this circumstance a remarkable change takes place in the disposition of the convolutions, and the spaces between these convolutions, instead of their parieties being in apposition, they are often so far separated from one another, that the distance between the convolution amounts to six or eight lines. Frequently, at this age, the surface of the brain presents grooves of more than an inch and a half deep, and proportionably broad. There must then be a vacuum in all these cases presented on the surface of the brain, as well as between this organ and the skull, if this cavity be not exactly filled. Observation, however, shows that this is not the case; when the cranium and spinal column are opened with care, so as not to injure the membranes, it is easy then to perceive that the space unoccupied by the cerebral substance is filled by the cephalo-rachidien fluid, and that the spaces between the convolutions are also filled in the same way. It is then possible that the brain and spinal marrow vary in size, in the same way as the viscera contained in the abdomen and chest, but the means employed by nature, that the organ may be in the same determinate relations of pressure with the parietes of the cavity, are different; in the abdomen and chest, the soft and flexible parts follow by the effect of the pressure of the atmosphere, the recession of the internal organs. In the cranium and the spine, as the parietes are unyielding and resist the influence of atmospheric pressure, the *cephalo-rachidien* fluid occupies the space produced by the diminution of the size of the organs. Reciprocally, when the brain suddenly increases in size, as happens in apoplexy or simple congestion, the fluid which covers the cerebral surface, and occupies the spaces between the convolutions, disappears. On removing the calvarium, the dura mater and arachnoid are seen considerably distended, and every thing shows that the brain exactly fills the cavity of the cranium. But what becomes of the fluid in this case? No doubt, part is forced towards the spine, by the effect of the very strong pressure in the cranium, and part by inhibition.

But how is the fluid produced when its quantity increases? or, in other words, how is the fluid found in the natural state? The experiments which I am about to relate will answer, I hope, this question.

In some living animals I removed a part of the cranium and vertebral canal; by means of a small puncture I afforded exit to the cephalo-spinal fluid, which was immediately replaced by air. I left the animals to themselves after dressing the wounds that had been inflicted on them. After the lapse of eighty hours, I removed the dressing, and there escaped nearly as much liquid as on the first occasion. The *cephalo-rachidien* fluid thus is reproduced like the aqueous or vitreous humours.

There may be some doubt as to the organ which secretes this fluid, on account of its serous property. Many persons might think that it is formed by the arachnoid, but the following experiment demonstrates that it is secreted by the vessels of the pia-mater. The vertebral canal being emptied in a living animal, by an opening made opposite to the fourth ventricle, after observing a few moments with attention, the cephalo-rachidien fluid would be seen oozing out from the vessels of the pia-mater. It is exactly the same if we expose a certain extent of the hemispheres of the brain.*

After having recognised the source of the cephalo-spinal fluid, it was important to observe the effect of its removal, in order to ascertain what are its uses, independantly of those we have mentioned. When the cephalo-rachidien fluid is removed from a very active and vigorous animal, it immediately becomes languid and quiet; it will scarcely go a few steps when excited. This state generally continues several hours, and does not completely disappear till after the reproduction of the liquid. No remarkable change is observed in addition to these symptoms; and generally, at the end of twenty-four hours, the animal resumes his former habits.

In two experiments which were made on grown up dogs, I saw the animals immediately after the abstraction of the vertebral liquid become so furious and agitated, that I was compelled to protect myself against the consequences. However, after three or four days, they recovered from this strange state.

If, then, the abstraction of the cephalo-rachidien fluid produces so considerable a disturbance in the functions of the nervous system, it consequently exercises a manifest influence on its functions; but is this influence effected by the pressure, or in any other way? In order to discover what the effects of the pressure of the fluid were, it was necessary to vary its degree. In the first place, this pressure, in the ordinary state, is very considerable; because, on a small

* In order to render the exhalation apparent, a certain quantity of water at 31° R. must be injected into the veins before the experiments be made.

opening being made in the membranes, the fluid instantly escaped with force, and, in some cases, to the height of three or four inches. Several circumstances regulate the degree of the pressure; for instance, if the puncture in the membranes be made at the time of any great muscular effort, the fluid is propelled to a considerable distance. The explication of this phenomenon is very simple, when we bear in mind the influence of any exertion on the venous and arterial circulation, and the great distention which takes place in the sinuses of the brain and the spine. The sinuses, distended by the blood, compress the membranes of the spinal marrow; these transmit the same effect to the vertebral fluid, and the fluid, consequently, presses on the spinal marrow.

I wished to ascertain by experiment, what would be the effect of a rapid and considerable increase of this pressure. This I did by injecting beneath the membranes of one animal, the fluid taken from another, which produced an apoplectic and paralysed state of the animal, which continued as long as the artificial pressure was kept up.

We refer our readers to No. 184 of THE LANCET, for a further account of some opinions which M. Magendie holds on this subject. M. Magendie states, that M. Lassaigne is engaged in a chemical analysis of this fluid, the result of which he will make known on a future occasion.

SURGERY.

Removal of the Lower Jaw.

We have thought it desirable to publish the following cases, on account of the interest excited to this subject, by the recent operation of Mr. Wardrop, and of their never having appeared in any of the English journals: P. Graefe, like Dr. Mott, secured the carotid artery prior to the operation; the former secured the external, the latter the common trunk. The danger of hæmorrhage, at first sight, appears a formidable objection to the removal of the lower jaw; but, from an attentive consideration of the anatomy of the part, it will soon be seen that this is ungrounded. Mr. Cusack,* in the last volume of the Dublin Hospital Reports, makes the following remarks on this subject, in which we fully agree:—

"The danger of the hæmorrhage appeared to present the only serious objection against the undertaking, viz. the removal of the jaw; the proximity of the ramus of the jaw to the termination of the external carotid artery, and the near relation of the internal maxillary to the articulation, seeming to render it impossible to disengage the joint, without wounding one of these vessels. A little careful examination, however, will show that neither of these arteries is in immediate contact with the jaw. The internal maxillary, which would appear more exposed to danger, inclines backwards in its passage behind the neck of the condyle, being distant about a quarter of an inch from the bone; the natural structure of the joint allows this distance between the artery and articulation to be still further increased, so that by sawing the bone through at any points, and separating the attachment of the temporal muscle, the capsular ligaments may be opened anteriorly, the condyle dislocated, and the jaw disengaged, without endangering any vessel of consequence.

IN *Berstein's Geschicte der Chirurgie, 2er Theil, Leipsic*, 1823. p. 575, we find the following particulars: lately, Graefe has had two remarkable cases in which he removed a great portion of the lower jaw affected with hydrostosis carcinomatodes.

CASE 1.—A farmer's wife, forty-four years of age, had for some time laboured under this complaint; granulations of a cancerous nature occupied the whole anterior part of the lower jaw, to the extent of three Paris inches. The lip was first divided in the middle, the incision being continued from the chin to the neck, and then the soft integuments were separated from the anterior surface, then those corresponding posteriorly were also divided, and the jaw on both sides was sawn through on leather straps. The whole diseased part together with the teeth was removed, and the union of the soft parts to the lower angle of the mouth, which remained open for the discharge, was effected by the bloody suture. Before the expiration of five weeks, the patient was recovered, and the chin, which at first was moveable, became afterwards tolerably firm; all the motions of the mouth were effected without impediment.

CASE 2.—This is still more remarkable. The disease had destroyed more than the half of the jaw, and on the left side extended as far as the joint. The enlargement of the jaw extended itself downwards towards the neck, at the same time extending backwards, and in this way connected with nearly the most important vessels and nerves of the neck. The internal cancerous granulations had pressed the tongue quite to the right cheek, and had filled the cavity of the mouth so that the last few days before the operation, the patient could scarcely articulate a word, and could breathe but with the greatest difficulty. The desperate state in which the patient found herself, compelled her to resort to an operation. The danger of the undertaking was certainly great, but as death, either by starvation or suffocation, threatened the unfortunate patient, it was

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* Dublin Hospital Reports, Vol. IV. Dublin 1827.

naturally the duty of the surgeon to do all that he could to rescue the life of the unfortunate sufferer.

Operation.

The left external carotid was first tied, and immediately the pulsations of the temporal and external maxillary arteries ceased; a few minutes after, the operation was commenced by making an incision from the angle of the mouth to the posterior edge of the jaw, the jaw was divided, a second incision was made in the same direction, so as to encircle the diseased integuments, and then a third, from the end of the two first incisions towards the articulation, which was continued as far as the ear. After the completion of the incisions, Graefe separated the external and internal surfaces of the diseased half of the lower jaw, and then sawed through the bone in the same manner as in the preceding case. After the stopping of the hæmorrhage, a simple bandage was applied.

Up to the 8th day, the patient found herself perfectly well, and spoke quite loud, ate, drank, and would even press the other half of the jaw against the mouth.

On the 8th day, the patient was attacked with apoplexy; on that hemiplegia supervened; the patient has since become idiotic, and has never been able to articulate a word from that time.

Resumé of the Progress of Medical Science in France, during the year 1826.

Descriptive Anatomy.—Most of our readers have seen or heard of the works of Jules Cloquet. The excellence of the plates, independent of the faithful description of the different parts of the body, make this work one of the best elementary treatises hitherto published, either in France or elsewhere. We sincerely hope that some of the drones who write manuals, and gull their pupils with them, will take the trouble of translating this valuable book. They will truly do themselves an honour, the profession a benefit, and advance that science which, to the reproach of this country, they have contributed in no mean degree to keep back.

Mr. Laurent, of Toulouse, has translated into Greek synoptical tables of the different parts of the human body, but as this work will scarcely be much looked at but by the drawing-room practitioners of Oxford and Cambridge, we shall not trouble our readers with any further notice of it.

Surgical Anatomy.—Two new works have been published on this branch of the science, one by M. Velpeau, the other by M. Blandiu. It is to be regretted that the authors have not adhered strictly to the title of their respective books. Excepting their uncalled for digressions, these two works are of very considerable merit, and to the student are doubly valuable, from the well-executed plates which they contain.

Pathology.—The most important work is that of M. Gendrin. Instead of confining himself to the changes which take place in the tissues, in consequence of disease, he excited inflammation by means of certain agents. In this way the different grades of this pathological state have been examined with greater exactitude. Only one part of his experiments have been published.

M. Cruveilhier, after a long series of experiments, has concluded that the seat of inflammation is in the venous capillaries, and that the fibro-cellular membrane is the primitive seat of cancer. Pulmonary tubercles are regarded by him, not as fortuitous organic structures, but as the effect of a fortuitous secretion. This is merely empty sound, and adds nothing either to the pathology or the treatment of the disease. Equally gratuitous appears to be the assumption of M. Dutrochet, that both physiological and pathological phenomena may be explained by supposing that there exists two electrical currents in the different organs, one producing absorptions, the other giving rise to depositions.

Physiology.—The discovery of Magendie, that there exists constantly in the spinal canal a quantity of fluid, has been found out to have been known to Cotugnius, but Mons. M. has the merit of investigating this subject more minutely than his predecessor.

Surgery.—Royer has terminated his excellent system of surgery.

In strictures of the urethra, M. Segalas is said to have invented an instrument whereby the extent of the stricture may be ascertained. It is composed of an elastic sound, with a ball of silver at the end of it. By means of this ball the commencement of the stricture is known; and when it has passed the contraction, by pulling a graduated line attached to the ball outwards, the resistance points out what length of the canal is diseased. We are afraid that this ball, and M. Segalas's cataptrical machine for inspecting the interior of the bladder, will never be of much use to the profession.

The experiments that have been making by Sanson, Breschet, and Dupuytren, on the superiority of one or other of the different ways of cutting for the stone, seem to prove that the *lateral* method is the best; next to it the bilateral, and last of all the recto-vesical.

Internal Pathology.—Mons. Andral junior has published the third volume of his Medical Clinique, a book which we have no hesitation in saying, should rank with the works of Bonetus and Morgagni. The work of Laennec we have already spoken of, and

its merits are too well known to require any eulogy here. Mons. Bouillard maintains, that the cause of fever is an inflammation of the internal membrane of the arteries, and that when the disease assumes the typhoid cast, it is caused by a deranged state of the blood, consequent on a morbid state of the mucous membrane of the bowels.

Nervous diseases are considered by Mons. Fourcade Prunch, as caused by an irritation of the encephalon and its dependances.

Mons. Faneau de Lacour has published several memoirs to prove, that there is neither poison in the viper, nor virus in the mad dog. These diseases are considered by him solely the effect of the imagination.

Messrs. Qourdan and Richon deny the contagious power of syphilis and the efficacy of specific treatment. Contagion is merely the effect of irritation, according to these physicians.

Mons. Bretonneau has used muriatic acid and calomel with good effect in diseases of the fauces.

Alibert has finished his splendid work on diseases of the skin.

LONDON MEDICAL SOCIETY.

April 2, 1827.

Dr. Haslam, President, in the Chair.

The meeting of the Society was more numerously attended than we recollect it to have been for a considerable time past.

As soon as the Minutes of the last meeting were read, Mr. Amesbury rose and requested that they might be corrected in that part where he had made some observations in answer to Mr. Callaway. Mr. Amesbury stated, that he said he believed the reason why we sometimes find, in a double fracture of the neck, the fracture external to the capsule united by the interposition of bone, while the fractured ends within the capsule were connected together only by ligament, was referrible to the difference in the state of the parts in the two situations; both portions of the bone in the fracture, external to the capsule being well supplied with blood, while there is a deficiency in the supply of blood sent to the pelvic portion of that fracture which is within the ligament.

Mr. Langstaff delivered a paper, containing an account of eight cases of fracture of the neck of the thighbone, and on the appearances of the preparations which were taken from the patients after death, which was read by the Secretary. The preparations were laid upon the table for the inspection of the Society. These fractures, he observed, are attended with different degrees of injury to the bone. In some, the fractures are entirely within the capsule, and the fractured ends are connected together by ligamentous matter, which allows of different degrees of motion in the different cases; in some, there were two fractures; one within, and the other external to the capsule; in one of which osseous union had taken place in the fracture external to the capsule, while that within was connected only by ligament; in one case, there was a comminuted fracture of the neck, and the trochanter major; in one preparation of fracture within the capsule, *union by bone* had taken place. Mr. Langstaff observed, that when he made a longitudinal section of the head and neck of the bone, in the last preparation mentioned, part of the substance which had been thrown out during life between the fractured ends of the bone, was not completely ossified. He, Mr. Langstaff, had subjected the two portions of bone to the influence of boiling water for four hours; and, during this time, the soft substance had been extracted, leaving the osseous line in the other parts perfect. Mr. Langstaff had examined very minutely the specimen of fracture of the neck of the thigh-bone within the capsule, subjected to the inspection of the Society by Mr. Amesbury, and he had no doubt whatever, that it was now firmly united by bone. This certainly was the best specimen which he (Mr. Langstaff) had ever seen. Mr. Langstaff observed, that absorption of the neck commonly takes place in these cases; and to this we must attribute, in a great measure, the shortening of the limb which takes place after the accident. In one of Mr. Langstaff's preparations, the neck of the bone was rounded, and had excavated the head, so as to form a ball and socket joint.

Mr. Gosset did not believe that fracture had taken place at all, in the preparations shown to the Society by Mr. Langstaff and Mr. Amesbury; and that, consequently, no such union, as had been said to have occurred in these cases, had taken place.

Mr. Langstaff observed, that some of the gentlemen attached to certain schools, were determined not to allow of the existence of bony union in these cases, let the evidence be what it may. He would ask Mr. Gosset to inform him, how he could account for the appearances seen in the specimens, of what he called bony-union, now before the Society, except upon the supposition that fracture had taken place, and that subsequently, the fractured ends had been joined together by a bony deposit?

Mr. Gosset declined to answer this question, though he admitted that he had paid great attention to the subject of fractures of the neck of the thigh-bone.

Dr. Walshman saw no reason why bony

union should not take place in these cases, provided proper treatment were resorted to.

Mr. KINGDON remarked upon the specimen of bony union in the possession of Mr. Langstaff. He (Mr. Kingdon) was first called to the woman from whom this specimen was taken, and he could state most positively that she had the symptoms of fracture of the neck of the thigh-bone, which are commonly met with, viz. shortening of the limb, version of the foot, and an inability to bear upon the limb, when she was placed in the erect position. He had not the management of the case, but he knew this specimen was taken from the person to whom he had alluded, and in whom all the symptoms of fracture of the neck of the thigh-bone existed immediately after the accident.

Mr. SHARPE observed, that Mr. Chorley had another specimen of bony union within the capsule, which he would, probably, some time or other, send to town, for the inspection of the Society. The specimen to which he alluded, Mr. Chorley had procured since the specimen which the Society had seen had arrived in London, from the body of a person whose case he had the management of after the accident. He (Mr. Sharpe) did not know sufficient of the history of the case to lay it before the Society, but he would endeavour to do so at some future period.

Mr. CALLAWAY again adverted to the specimens showing bony union external to the capsule, while those fractures within the capsule, in the same specimens, were not united by bone, and he was at a loss to know how this could be accounted for. He could not see why those fractures within the capsule, which are held together by ligament, should not unite by bone, were there not a law of nature to prevent it, as well as those external to the capsule, when both are treated in the same way.

Mr. AMESBURY said, in answer to Mr. Callaway, that the reason why fractures within the capsule were united only by ligament, while those external to the capsule, in the same bone, were united by osseous matter, was referrible to the state of the parts in the two situations, as he had before stated. He (Mr. Amesbury) observed that union by bone in fractures external to the capsule, would take place under circumstances which would prevent ossific union in those within the capsule. He could prove, if required, that under common treatment, motion of the fractured ends takes place too frequently to allow of ossific union, when the fracture is within the capsule, though it may not be sufficient to prevent such union in fractures external to the capsule. He believed that the principal cause of non-union in other parts of this bone, and in other bones, where the fractured ends are in apposition, and equally supplied with blood, is want of rest. He conceived he should have no difficulty in convincing the Society, at some future period, that the common means are not calculated to maintain apposition and rest, and to their inefficacy we must attribute the great frequency of non-union of fractures, which occur in those parts of bones where the broken ends are equally supplied with blood. He (Mr. Amesbury) had seen *thirty cases* of non-union in such situations within the last four years, and he believed that the fractured ends did not unite in *twenty-seven* out of the thirty, in consequence of the inadequacy of the usual modes of treatment, which allow of motion of the fractured extremities of the bone. Twelve of the thirty cases had been under his own care, and he had had no difficulty in producing union by bone in these twelve without any operation, making use only of more effectual means to keep the fractured surfaces in apposition, and at rest. The thirteenth case which Mr. Amesbury had the management of, and which had existed twenty-five weeks before he saw it, is now under his care in St. Thomas's Hospital, where any gentleman who felt disposed might see it. If, then, (said Mr. Amesbury,) motion of the fractured ends is sufficient to prevent union by bone, where the two portions are equally well supplied with blood, we might infer that it would be much more likely to do so in fractures within the capsule of the hip joint, where the pelvic portion is imperfectly supplied with blood, and, consequently, less able to assist in the process of ossific union. Mr. Amesbury considered that the specimens which Sir A. Cooper had brought forward to show that union does not take place in fractures within the capsule, prove most decidedly that union does not take place under the treatment usually resorted to, but not that union could not be produced by more effectual means of supporting the fractured surfaces in apposition and at rest; nor would they, in Mr. Amesbury's opinion, were he (Sir A. Cooper) to add a thousand to the number. Sir A. Cooper maintains that union does not take place in consequence of deficiency of nourishment to the pelvic portion. This, in Sir A. Cooper's opinion, is the principal reason, while in his (Mr. Amesbury's) opinion, it is the least; and this was the point at issue between Mr. Amesbury and those who believe that bony union cannot be produced. In Mr. Amesbury's opinion, want of apposition and rest was the principal cause of non-union of fractures within the capsule, as well as in those external to it. In contending for the possibility of bringing about bony union in fractures

within the capsule, he did not mean to assert that bony union could be effected in every case of fracture in this situation. He well knew, that in some cases the fractured surfaces may not be brought sufficiently into contact, in consequence of the situation and great mobility of the head of the thigh bone when separated from the neck; but he was disposed to think, that in the majority of cases this might be accomplished; and in those cases where bony union cannot be produced sufficiently extensive to support the weight of the body, we should gain much for the patient, by producing a very short ligamentous union, which, by holding the fractured surfaces together, would prevent the shaft of the bone, or trochanter, from being pushed up upon the dorsum of the ilium, when the weight of the body is thrown upon the limb, and thus prevent that horrible claudication and inability to walk without the use of crutches, which we see in the worst of these cases. Mr. Amesbury wished it to be understood, that in his opinion it would hereafter be found, that those fractures which, under common treatment, unite by the intervention of short ligaments, may be made to unite by bone, and that those which, under common treatment, unite only by ligaments of sufficient length to allow of an extent of motion equal to two inches, or more, between the fractured surfaces, may, by better management, be made to unite by very short ligaments, and in this way, whether the fracture unite by bone or not, the patient would be much benefited. He would expect to produce union by bone where union is usually effected by short ligament, and union, at all events, by short ligament, in those cases where no union is usually produced, calculated to be of any service to the patient. He had heard a great deal about the propriety of endeavouring to produce short ligamentous union in fractures of the patella and olecranon; but he was not acquainted with any surgeon or author, who says one word about the propriety of doing this in fractures of the neck of the thigh bone within the capsule. Mr. Amesbury had said, that the treatment usually followed in these cases was, in his opinion, very bad, and had promised the Society that he would show them the contrivance which he had introduced for the management of fractures of the neck of the femur. This contrivance the Society should have an opportunity of inspecting at the next meeting.

The time devoted to discussion having expired, the President (Dr. Haslam) begged to know, if it were the wish of the Society that the subject now before them should be resumed at the next meeting? Upon this being put to the Society, it was decided in the affirmative by a show of hands.

ROYAL INFIRMARY.

"*Venesection in the cold stage of Intermittents.* By Drs. Allison and Mackintosh."

The simultaneous occurrence of the publication of a paper on bleeding in the cold stage of intermittent fever, by Dr. Mackintosh, in the last Number of the "Blue Journal," and the admission of a patient affected with this disease into the hospital, induced Dr. Allison to try the efficacy of this novel practice in the present case. Dr. Mackintosh, as appears from his essay, no wise daunted by the denunciations of many writers against the use of the lancet in the cold stage of intermittents, first heroically put the treatment to the test of experiment on his own person, while labouring under that complaint. Since that time he has had many opportunities of witnessing the beneficial effects of blood-letting in this stage of the disease. But eight cases, however, are recorded, and the majority even of these picked samples is any thing but satisfactory as to the general utility of his proposal. In all these eight cases of various degrees of intensity and duration, venesection was performed during the cold stage, and, in all, (no other remedies, except laxatives, having been previously employed,) the rigors were almost immediately stopped, and the hot stage either entirely prevented, or considerably mitigated. The two first cases are represented as completely successful; no other remedy, except mild aperients, than the lancet, having been employed, and no rigors having returned after its use. Here, however, the success of the plan terminates, or at least becomes doubtful. In the third case, the patient had an interval of eight days after the first bleeding, without rigors; but they then returned, when he was bled a second time, with nearly similar results. He had, subsequently to this period, several rigors, which, gradually declining, he was dismissed as cured; but in a month afterwards the complaint recurred, when, without one drop of blood being abstracted on the occasion, quinine effected a complete cure. In the fourth case, venesection also put the rigor to flight, and diminished the succeeding paroxysms; but they came on again with original violence, when the patient being put on the use of quinine, and after one hundred and sixteen grains of that preparation had been swallowed, his cure is proclaimed as the consequence of blood-letting! The fifth case also affords a further illustration of the virtues of the quinine. The patient was bled, the paroxysms ab-

breviated; they returned to the eighth or tenth time. The Loyalian specific was now administered, and "he took up his bed and walked." The sixth case presented similar proofs of the efficacy of this drug. In the seventh, however, it was not employed; but as the case did not come under the immediate cognizance of Dr. Mackintosh, it may be passed over as an appendix to eke out the defence of blood-letting. In the eighth and last case, the rigors having repeatedly occurred after the lancet, the quinine was resorted to, and with the happiest effects; so that in five out of these eight cases, the paroxysms recurred, and the disease may be said to have been cured by quinine instead of phlebotomy. Dr. Mackintosh does not undertake to explain on what principle the abstraction of blood cures an intermittent. This, indeed, is rather surprising; for presumptuous conclusions are usually coupled with a corresponding temerity of speculation. It may, however, be inferred from the pathology of this disease, that his supposed remedy is as erroneous in theory, as it is abortive in its application. It has been long assumed as a certainty, that the pain of head, back, hypochondriac region, the difficulty of breathing, oppression of the precordia, and occasional irregularity of the pulse, which characterise a paroxysm of this complaint, are severally produced by a congestion of blood in the brain, the lungs, the heart, the liver, the spleen, &c., in short, by a translation of the blood from the external to the internal parts of the system. This congestion of blood in the interior organs of the body, it should be recollected, is but an effect, a symptom, and obviously depending on some cause influencing the motive powers of the vascular system.

Now it is an acknowledged axiom in pathology, that our chief attention and remedial agents should be directed to the cause and not to any single symptom of a disease. Dr. Makintosh's practice manifestly violates this pathological canon; for it cannot be readily imagined in what other manner venesection suspends the paroxysm than by removing a portion of the blood from those vessels in which it is temporarily accumulated, and thus restoring, mechanically, the balance between the venous and arterial symptoms. Indeed, we have pretty direct evidence, that this venous turgescence of internal organs does not constitute the disease, and that remedies solely directed to relieve this state of the vascular system leave the cause of the complaint untouched; for we know that the consequences attributed to venesection in these cases are notoriously produced by agents which act only on the nervous system, such as opium, ardent spirits, spices, quinine, nay, even by mental emotions. 'Tis true, blood-letting may extend its influence farther than the mere disgorgement of the distended vessels, but the frequent recurrence of the rigors, after the abstraction of blood, would at least seem to indicate that the relief procured is of a mechanical nature, and that there still latently exists some cause for the reproduction of the phenomena. We should, however, be perfectly satisfied with the absurd proposition of curing a disease by relieving one of its symptoms, and be quite content with our ignorance of the *modus operandi* of a specific, if it only realised our expectations of any agent bearing the charming name; but the following case, and those already detailed, deprives us of all such hope, and Dr. Mackintosh an apology, for his sanguinary practice.

The subject of this case, J. Bennet, had an intermittent fourteen years ago, in Spain, and has been affected with it more or less for the last nine months, six of which he spent in the West Indies. Previous to his admission he has had several paroxysms, accompanied with and followed by the usual symptoms which occur in the cold, hot, and intermittent stages of the complaint. Sixteen ounces of blood were taken from his arm during the cold stage on the 27th ult., when all his pains and shivering ceased for the time. Having taken opiate draughts, however, and the arsenical solution, before the abstraction of the blood, the share which the lancet had in stopping the fit is less easily appreciated. The employment of any medicine in the case is on this account to be regretted, as it is by the unassisted trial of any new proposition that its specific value can be precisely ascertained. In a disease where delay was not dangerous, Dr. Allison, who would call a coach in a syllogism, would have acted much more in conformity with his logical acumem, if in this instance he had withheld all drugs and left the venesection to work its own way. Not that the evidence of the inadequacy of this practice could have been more clearly demonstrated; for the patient, since the bleeding, has had a rigor much more severe than any since his late attack, but that a more impartial trial would have been given to the proposal. From this and the other cases recited, it is not probable that the practice will be ever generally adopted, as its use seems to be indicated in persons of a robust habit, or in cases where death is threatened during the paroxysm by asphyxia or convulsions; for it cannot be supposed that practitioners will take out their lancet every time a cold stage comes on, a practice which no constitution would be able to support.

SCOTUS.

Edinburgh, March 31, 1827.

THE LANCET.

London, Saturday, April 7, 1827.

On Wednesday last, Dr. Spurzheim delivered the Introductory Lecture to a course on Phrenology, at the London Institution. The Theatre was crowded in every part, and the discourse appeared to afford the highest gratification to a most respectable audience. It is with peculiar satisfaction we announce to our professional brethren, that Dr. Spurzheim has taken up his residence in this metropolis, and that they will be enabled to avail themselves of his able assistance in those diseases usually, though incorrectly, denominated "mental." As the real structure of the brain was not taught in our schools previously to the demonstrations of Dr. Spurzheim, it is no scandal to the surgeons of this country to say, that they have a most imperfect knowledge of its anatomy, physiology, and pathology. It is, however, a heavy charge on the executive of our College, and the teachers of the majority of our schools, that the one has not required to be taught, and that the others have not taught, the true structure of the brain. Of this charge of neglect, however, we must make honorable exception of Mr. Abernethy, who, in the present season, with a spirit of praiseworthy liberality, resigned the chair of his Theatre to Dr. Spurzheim, whilst that gentleman gave a series of demonstrations of the brain to the pupils of St. Bartholomew's Hospital. Those who have read with attention during the few past years, the medical evidence which has been given, before what are termed "Commissions of Lunacy," as those of Lord Portsmouth, and Sir Gregory Page Turner, do not require to be informed, that *such* evidence is one of the opprobria of our profession, and with the single exception of the testimony of Dr. Haslam, we have seen none that ought to have weighed more than as a feather in the scale of justice. During such investigations, we hear continually of "lunacy," "mental delusions," "mental diseases," "mental weakness;" than which nothing can be more absurd, or better calculated to prove the cerebral weakness of the authors.

On Friday se'nnight, Dr. Granville Sharp Pattison delivered a popular Lecture on the Heart and Circulation of the Blood to a numerous and highly respectable audience at the Royal Institution.

Dr. Pattison treated his subject in a very appropriate manner, and whilst he gratified the majority, did not disappoint the expectation of his professional hearers. Having made a few general remarks on the composition of the body, he proceeded to describe the machinery by which the circulation is performed. He began by explaining a simple circulation, which he illustrated by showing a diagram of the heart of a fish, composed but of one auricle and one ventricle. He then described the structure of a double or a human heart, with the various mechanical contrivances by which the regularity of its action is ensured; and, lastly, the course and purposes of the circulating fluid. Dr. Pattison succeeded in showing, that no branches of natural science may be made more interesting to the man of taste, or more useful to the man of business, than anatomy and physiology.

The Lecture appeared to create a deep interest, and its conclusion was followed with the most lively marks of satisfaction. We feel persuaded that these POPULAR demonstrations will accomplish more in one year towards the removal of that hostility which the public have manifested against human dissections, than all that has been written on the subject during the last fifty years.

A short time since we took the liberty of stating, that the sneers of Dr. James Johnson, *Surgeon*, at the liberal principles of Mr. Lawrence, and at the attainments of general practitioners, resembled in impotence and absurdity the blinkings of an "owl at a noon-day sun." In truth, so inexpressibly ludicrous was that exhibition, so superlatively laughable were the snappings, twinklings, and flappings of Jemmy's beak, eyes, and wings; so energetic, yet ineffectual, the clenchings and scratchings of his claws, that we were disposed to believe no scene of equal absurdity, of equal folly, could again be presented to our view. In this, however, we were deceived. Curious and unprecedented as was that exhibition, unequalled in imbecility, impudence, and folly, as was that conflict, yet one incomparably more so has just commenced, is now in progress, and threatens destruction to poor Mr. Lawrence, and all the general practitioners of the British empire. It was not enough that they should be assailed with the powerful scratchings and snappings of the ivy-bush goddess; therefore she has summoned a powerful army to her aid, no less, indeed, than an army of bats, which delicate creatures constitute her ordinary food. These bats are known by other names in this climate, and by different persons are thus designated, viz. "Hole and Corner Surgeons," "College Sycophants;" "Pures;" "Bandagers;" "Explorators;" "Hospital Toadeaters." Now although these names appear to convey very different ideas, yet from the habits of the half bird half beast-monsters we have just mentioned, it will be seen that their more appropriate name is that of bats, which will be obvious enough, if we reflect on their construction and habits. Bats belong to the class mammalia, and suckle their young; so we apprehend do the mothers of "Hospital Toad-eaters and Hole and Corner Surgeons:" —Bats are disgusting objects to think of, and unsightly to look upon; they live and exercise their avocations in "Holes and Corners," breathe the foul air of caverns, associate with slugs and toads, and often repose on the poisoned web of the spider; it is doubtful whether they have most of bird or of beast; many there be who call them filthy monsters; at all events, they are food for owls:—Bats chiefly frequent large old buildings, in the hope of obtaining plunder; their chief resort is that of old corporate mansions, and large hospitals, as those of London, into which they invariably enter whenever an opportunity offers; no matter by what means, no matter through what dirty holes they crawl, provided these lead to the internal offices; no matter by what lying, by what deceit, by what villany. Whilst contending for admission they will claw and bite each other, it is true, with the utmost ferocity, never forgetting, however, to speak in the highest terms of the "Ins" who have the bestowal of the public plunder; but the moment admission is gained, and place secured, ferocity subsides into sycophancy, and nothing is heard of but "reconciliations" and "shakings of claws.' That *Bats*, "Hole and Corner Surgeons," and "Hospital Toad-eaters," constitute one and the same monster, must, we think, appear pretty evident to every person who gives himself the trouble to think; and as *Bats* is probaby the more correct term, at all events it has the convenience of being the shorter one, we shall adopt it on future occasions, when recording the victories or defeats of these extraordinary warriors. The bats then, instigated, we suppose, by their mistress, the owl, have formed an association, which they denominate "an Eating and Drinking Club," the meetings of which are to be held every fortnight, at the Freemasons' Tavern; and they have not only declared war against Mr. Lawrence, and the General Practitioners of London, but have carried their animosity towards these latter gentlemen to such an extent, as to have passed a by-law, "that if any member

of the Club shall propose a General Practitioner for admission, that he be instantly visited with the punishment of death."

Each individual of this flock of bats, has a name peculiar to itself, which we shall publish hereafter, and it will be well for the profession generally not to forget *that name*, or the monster to whom it belongs. We entreat the General Practitioners of England to keep in mind the object, for which these bats have congregated; and entreat the profession to recollect that this gang will not even admit of the co-operation or assistance of a General Practitioner in their monstrous cause; these bats would rather suffer death than the contamination and degradation of such *low* associates. It is of the utmost importance that the General Practitioner should constantly carry these matters in remembrance, because it frequently happens that his avocations will bring him in contact with bats, and if he do not exercise some little reflection, he will occasionally *solicit* the aid of these monsters, whilst warring against the grim tyrant death. Let them not, therefore, be deceived by appearances, by names, by smiles, or by soft and gentle adulatory words; let them never forget, that the instant the gang assembles in its "Holes and Corners," that every scheme which the lowest cunning can devise, and every project which can be executed by these haters of honesty, independence and manliness, is planned and carried into execution against the meritorious General Practitioner. However specious, then, the pretences may be, of some of the beings that wear the human form, and are connected with our larger hospitals, however winning their manners, however agreeable their expressions, when absent from their "Holes and Corners;" let the first words of the General Practitioner be, "*Are you a Bat?*" Not that the thing will hesitate to utter a lie, if it believe that it is its interest to do so; but this lie would convince the hearer of the accuracy of the description we have given of the character of the monster, and of the real objects of the Gang.

In reply to the inquiries of our country friends, we beg to state, that the Surgeons' Petition has been in the hands of an honourable member of the House of Commons during some time past, who is taking the prudent course of investigating the circumstances, and rendering himself thoroughly conversant with the subject, before he enters upon the discussion. This Gentleman, in all probability, will not deem it prudent to present the Petition until after the final disposal of the corn question, which, together with the change of ministers, and one or two other subjects of deep public interest, is engrossing the whole attention of the House.

SUBSCRIPTIONS CONTINUED.*

W. Lawrence, Esq. *Treasurer.*

—— Jones, Esq.	£2	0	0
H. J. Beall, Esq.	1	1	0
D. O'Leary, Esq.	1	1	0
James M. Arnott, Esq.	1	1	0
J. C. Carpue, Esq. (2d subscrip.)	5	5	0
T. Wakley, Esq. (2d subscrip.)	5	5	0
Richard Ogle, Esq.	1	0	0
E. J. Spry, Esq.	1	1	0
William Coulson, Esq.	1	1	0
W. H. Cooke, Esq.	1	1	0
J. Lambert, Esq.	1	1	0
H. Sully, Esq. Wiveliscombe	2	2	0

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* If those Gentlemen whose Subscriptions have not been announced will forward their names, we will publish them on the first opportunity. We deem this notice necessary, as the banker's book in which they were entered has been by some accident mislaid.

A report of Mr. Wardrop's formidable operation of amputation of the lower jaw, will be found at page 27 of our present Number. This case has produced great sensation throughout the profession, and a vast concourse of practitioners and foreigners of distinction continue to visit the patient, all of whom express, in the warmest terms, their approbation of the boldness and skill displayed by the operator. The wound is nearly healed, and the improved appearance of the girl's countenance is most striking. This report is followed by an account of the dissection of the unfortunate woman on whom Mr. Wardrop so successfully operated for the cure of carotid aneurism about four months since. It is a curious fact, that the carotid was found pervious, and in all probability the ligature gave way at the time of the violent retchings about the twentieth day, after which time it was remarked that the pulsations in the carotid returned, although the tumour did not resume its former size, she remained perfectly free from that distressing affection of the head which preceded the operation. It will be seen, that the ligature remained on a sufficient length of time to obliterate the thyroid and vertebral arteries, but not long enough to plug up the larger calibre of the carotid. The ligature consisted of fisherman's silk, the employment of which we would not recommend on similar occasions in future, although no substance could have been more successfully used than in Mr. Wardrop's first case, and in the more recent, though not less successful one, of Mr. Lambert of Walworth.

We much regret that the jocular notice of sound chirurgical practice at St. Bartholemew's Hospital, which contained some allusion to Mr. Weeks, should have caused any uneasiness to that Gentleman. We take this opportunity of assuring him, that our reporter had not the most distant intention of throwing any imputation on his professional character, and have much pleasure in stating, that from the zeal and ability with which Mr. Weeks has discharged the duties attached to the office of Dresser, Mr. Lawrence has selected him to fill the honorary office of House Surgeon during the ensuing year.

An Oration, delivered on Thursday, Feb. 9, 1826, before the Hunterian Society, with Supplementary Observations, and Engravings. By Sir William Blizard, Knight, &c. &c.

This wretched production is, in every respect, beneath criticism, and should never have been rescued by us from the silent contempt which alone it merits, did not we hope to draw from it something more important than the bare exposure of the vanity and pomposity of the individual by whom it is written. If there be any one who, notwithstanding daily displays of imbecility, has not yet made up his mind as to the quality of the intellect which presides in the Council of the College of Surgeons, we can recommend to him no better mode of enlightening his views, than a perusal of this oration: bearing in mind that this precious performance proceeds from one whom *superior talent* has elevated to the highest dignities in our temple of chirurgical science; nay, to whose distinguished pre-eminence the assembled council have done homage, by the erection of a marble statue during his lifetime. Let him judge of the excellence and purity of that system of administration—of the discrimination, honour, and probity of those trust-worthy councillors who thus lavish their highest rewards on a man who wants even the sense to keep his imbecility out of sight, but who must needs play the Demosthenes, and render himself the laughing stock of his printer's devil, and two-year-old apprentices. Most of our College

dignitaries, although fond of prating about their corporate excellence, are unaccountably shy of venturing single handed before the bar of public opinion. It may be, that they are afraid of dazzling the world with the too great brilliancy of their genius, or the cunning rogues may dislike parting with so scarce and valuable an article, as "sound chirurgical knowledge" at too cheap a rate. Moreover, the genius of these councillors is engrossed with objects of a more elevated and momentous kind—there is the helm of legislation to steer—by-laws which must be nicely constructed so as to fill their own pockets, and not offend Lindley Murray; to say nothing of their lighter toils, as those of puzzling and terrifying their beardless candidates, destroying the trade in Cantharides by inventing metallic blistering plasters, consulting with cutlers about new curves for catheters, buttons for bistouries, improvements in the eye of a needle, or alterations in the mouth of a clyster pipe.

A memorable occasion placed one of these worthies under the necessity of occupying the attention of the assembled profession during one hour in every calendar year. We ask every man of the slightest candour and discernment, whether these men, who have raised such an outcry about what they call attempts to lower them in public estimation, have not, by their signal and public displays of imbecility and absurdity, done more in their own persons to disgrace themselves in the eyes of the profession, and of the world, than could be effected by the severest castigation from those whom they are pleased to call their adversaries. Probably, however, anniversary orators are privileged to be ridiculous, as their brother laureates are privileged to be dull. But, in the present instance, Sir William Blizard, Knt., appears before us not in the character of a hired labourer, but as a volunteer. Not contented with inflicting his eloquence on the admiring society, he has burst on the astonished world in the shape of a splendid, hot-pressed, quarto pamphlet of thirty odd pages, (odd enough, in all conscience,) with a dedication, appendix, and engravings; the whole swaddled in grass-green covers, intended, no doubt, to typify the still verdant condition of the Knight's intellectuals. Let us glance at the interior of this verdant production. Of what does it consist? Of a collection of proverbs, sayings, apothegms, reflections, exclamations, interrogations, moral, theological, political, pharmaceutical, polemical, chirurgical, and geographical, having about as much relation to each other, as the contents of Macbeth's cauldron; but demonstrating, withal, how closely the effusions of sound chirurgical knowledge resemble the fantastic vagaries of a dream, or the aberrations of febrile delirium.

This motley collection of sayings is ushered in by the orator under the commendatory title of "certain facts, not only as appearing to be generally interesting, but specially proper on the occasion;" again, they are "the observations on various topics which age, experience, and sincerity, have emboldened him to offer;" in fact, like the Proverbs of Solomon, they appear to be a concentration of all the wisdom which the Knight has accumulated since reaching the years of discretion. We were somewhat surprised to find, that he has wholly overlooked both the Corn-laws and the Catholic question. Lest the reader should marvel how this curious congregation of commonplaces could be assembled within the compass of thirty loosely-printed pages, we entreat him to reflect on the wonders genius is capable of accomplishing, particularly when aided by the ingenious scheme of not devoting more than two sentences to any one subject. Should any one presume to take offence at the bold disjointed character of the Knight's discourse, let him give ear:—

"The controlling circumstances of your orator's situation, *required that he should proceed in a desultory manner, as more likely to promote the final intention of his discourse*, than by any arrangement of ideas, the attempted

order of which would be frequently broken" (p. 6.)!

Poor fellaw! how we pity him! To be actually forced by "controlling circumstances" to proceed in a desultory manner! He does not explain their nature; doubtless they are of a very extraordinary kind. But then comes the consolation, which is more extraordinary still; for this desultory manner is more likely to promote the object, or, as he dignifiedly terms it, the "*final intention*" of his discourse, than any arrangement of ideas! What can be the mysterious object of a discourse to be promoted in so extraordinary a way! Reader! it is the honour of the Hunterian Society!

"What is the object of an oration in this place? The honour of the Hunterian Society, by the impression of truths upon minds ever prompt to receive them for the advancement of the healing art!"—p. 7.

The first sentence of this speech is a very good specimen of the sublime, and proves with what magnificent ideas the Knight has been blessed of his own importance.

"Opinion, be it founded in truth or error, governs thought, [does not *thought* rather govern *opinion*?] and action, and is indefinite in extent of influence. Although it may be formed from a passing or trivial incident, and its impression on promulgation be limited to a few minds, yet, at some period, by successive communication, the whole intelligent race of mankind may bear a stamp of its original character. *Such reflections naturally pressed on the mind of your first orator!*"

The following are specimens of our "lively author's" "generally interesting and specially proper facts:"

"The erudite and ingenious Sir Thomas Brown, Knight, corrected many errors which had been handed down by philosophical authority, and which the lively author termed "*vulgar errors.*" The genius of Hunter *would have been well directed* in the correction of many errors generally admitted and reasoned upon, as truths, relating to animal structure and function. But all his moments were employed in *producing from hidden recesses of nature*, truths to which, as tests, assumed facts, and fallacy, might ever, with *corrective certainty*, be referred. Allow a brief indulgence in this strain! How vaguely is the word cavity used! What is strictly understood by it? How wary should men be in the use of the high faculty of speech, lest unmeditated association of ideas should follow the utterance of a single word! What consequences, in *physiological reasoning or pathological conclusion*, follow the correct admission of an elastic halitus in all the spaces designated cavities, and in the cellular fabric of all the organs of the body!"

"- - - - - Physiological errors lead to dangerous consequences. Crimson lines *in* absorbent vessels leading to lymphatic glands are commonly supposed to indicate absorbed virulent matter, whereas the speaker, from long and *steady* observation, can aver that the contrary is the general truth. If there be, in my mind, doubt on this point, how important that it should be removed, and that *opinion in the particular case* should rest on universal admission *of fact.*"

We doubt whether this be one of the opinions "of which, by successive communication, the whole intelligent race of mankind may bear a stamp." Let us see the proofs of it.

"*Expression of inflammation* of an absorbent vessel may co-exist with the current of a poison in it; rarely, however, does *such an expression occur*, from the certain absorption of variolous matter, of syphilitic virus, or of the vaccine lymph; but frequently is the *sign expressed* from a wound by a clear metallic instrument, or from a fragment of *undiseased* bone. What notions are generally entertained of organic alteration of the prostate gland! how frequent the *declaration of its schirrous condition!! Not any part of the human body may have* absolute exemption, by organization and *implanted distinction*, from such a *distinctive disease*. But a long period of anatomical research affords to the recollection of the speaker only one instance of morbid affection of the prostate, which he could properly designate schirrus. The *morbid character* of schirrus doth not admit of favourable alteration, but only to the carcinomatous condition. Other *distinctions of induration* and enlargement of the prostate gland are within the *sphere of curative consideration*. How encouraging such reflections to the persevering exercise of judgment and skill! How consolatary to sufferers otherwise unsustained by the hope of relief!"

Immediately succeeding this balderdash we have a proverb or two on fracture of the patella, and on ligature of the omentum, which complete the list of "generally interesting and specially proper facts."

"Thus far encouraged by your attention, your orator has *ranged within the views* of the Society! Admit now a *few excursive ideas*, the *influence* of which may promote the principal objects of this Society. *Men entitled to philosophical consideration*, will hold in due respect natural truths, although at the time of their discovery, or promulgation, *not any consequential benefit* be foreseen. Such, unquestionably, are the impelling reflections of the ARCTIC EXPLORATORS!!"

Off at a tangent to the North Pole. This is being "excursive" with a vengeance. Let us try another "excursive idea:"

"Science binds, in interesting union, good men of all countries; *whence the harmony of nations*! it is a charm against envy and jealousy; and renders gentle the human heart, while it expands the faculties of the mind! HAIL! then, with grateful feeling, as a blessing to the world! the communication from France, of—the EXTRACTION, by sulphuric acid, of a principle from Peruvian-bark, possessing with highly concentrated power, the medicinal virtue of the AGGREGATE!! Has the knowledge of this fact been *extended to inquiry*, whether there *existed* (exists) in other cortical substances, in roots and *ligneous parts*, a similar principle, having in it the known specific property of the body *in* (of) which it is a constituent? (Sir William had best ask this question of his youngest apprentice, who would also laugh at him for the gross ignorance of chemistry betrayed in the next remark.) This discovery *enlivens in the mind* the chemical development, by Sir Humphry Davy, of metallic bases in certain *salts*." - - - - -

"Who can contemplate the effect of belladonna upon the iris without the most lively feelings? The Hon. Robert Boyle laudably endeavoured to excite attention to the subject of specific remedies."

These excursive ideas are wound up with the following exquisite piece of satire, which, compared to the rest of the performance, shines like a diamond in a dunghill. A severer stroke of irony we never saw—but here it is:—

"These glances over the wide expanse of cultivation in view, naturally produce a sentiment of congratulation:—that, at this time, in the COLLEGE of SURGEONS (*i. e.* the Council) such a spirit of research as animates CUVIER, such an energetic disposition as actuated BICHAT, are in powerful manifestation by faithful pupils of Hunter."

Who would have believed that the Knight, so pompously proverbial as well as powerfully pompous, could have been guilty of such downright waggery?

We dismiss the yellow Knight with one of his own sapient *morceaux*, on which he may ruminate at leisure:—

"He who assumes the professional character on a weak foundation of knowledge, impelled principally by the desire of riches, and presumptuous in the pursuit of fame, may flourish awhile in the splendour of lucre; but, be his days prolonged, and he will descend from his height of vanity into the low condition of insignificance and contempt."

One thing, at least, is certain, that Sir William Blizard has scanned, with considerable sagacity, the characters of certain would-be monopolists of our metropolis; and we are free to confess, that he seems to be not altogether ignorant of his own—which, as times go, is saying a good deal in his favour.

An Essay on Medical Education. By WILLIAM BARRETT MARSHALL, an Assistant Surgeon in the Royal Navy. 12mo. pp. 114. Burgess and Hill.

Mr. MARSHALL first essays a proposition, that "the mind of the priest must not be cultivated precisely like that of the warrior, nor the instruction which forms the statesman be applied to the intended physician;" "it therefore follows," he very modestly says, "that the subject of education, as it regards the interests of men collectively, and in respect of their several pursuits, is one which requires very extensive and peculiar knowledge in those who undertake to consider it." Though clear enough, the proposition is false. Mark how weak and contemptible the author presently becomes:

"As the previous habits of the individual are of consequence, we (Wm. Barrett Marshall) propose to commence with the *infancy of the youth*, whom it is intended to dedicate to the study of medicine; and shall, therefore, divide our essay into three parts, treating in the first of the medical student's religious education; in the second, of the general cultivation of the mind; and in the third, endeavouring to indicate the best mode after which to direct his medical studies."

A pretty writer this on the subject of education. The early habits of the medical student "are of consequence;" and, of consequence, those of the soldier and statesman are not. "The mind of the priest must not be cultivated precisely like that of the warrior;" therefore it should seem that the *priest*, unlike the soldier and statesman, may have the *religious* education of the physician. Again, Mr. Marshall begins with the "infancy of youth," and proceeds to inculcate such truths as the following, viz."

"- - - - man's depravity, helplessness, insufficience; the divinity, humanity, death, and resurrection of the Lord Jesus Christ; the all-sufficient atonement of *his* blood, and the impossibility of redemption by *any other* means, *name*, or power in the universe, *except* by him."

Where there are no "other means," there can be no exception; but, however, the "religious education" being finished, the "infant youth" next learns his alphabet, and, as Mr. Marshall says, proceeds to "the *general* cultivation of his mind." What may this be?

"- - - - - all that *knowledge* of books, the *world and man*, which should be acquired by every one who would attain a reputation for *taste or scholarship*."

Though "a knowledge of books" be scholarship, "a knowledge of the world and man" is not. Neither is "a *knowledge* of books, the world, and man," *taste*; this being a relish for poetry, eloquence, and the fine arts generally, and that mere information, verbal memory, experience, or judgment. Mr. Marshall has no taste, and we shall presently show that he has little of scholarship. Vulgar cant he possesses in abundance; cunning, too, and a retentive memory it may be, though what he has gleaned in his readings is so metamorphosed, and frippered, that it may pass with some for his own. But to proceed: either the first two parts of education are necessary alike to the physician, the statesman, the priest, and the gentleman, or to neither. Greek, Latin, the mathematics, polite literature, and the arts, geography, and modern tongues, are all comprehended under what is termed a good education; and *some* religion is always inculcated. But this will not do for your squeaking divine of the navy. After bespattering the projectors of the London University with a good deal of *pious* filth and villanous English, he goes on to say,

"We (said Marshall) have been thus severe upon the above institution, because it is intended, according to its *authors*, (learn the right use of words, precious author,) principally for students in medicine. True, they have a law which prohibits any professor from introducing doctrines inconsistent with the duty all men owe to God. But this is exceptionable in two ways: first, they omit entirely to inform us what idea they attach to such duty. A Socinian does not deem it irreverent to question the inspiration of the *Bible*. (We believe this to be a falsehood.) A Socinian thinks a Christian believes that '*all* scriptures were written by inspiration for our use;' a Socinian thinks it no *robbery* to make *himself equal* with the Saviour of the world. A Christian *knows* that Jesus Christ is God, (though, *supra*, he only *believes* that the scriptures were written by inspiration,) and esteems all other doctrine *blasphemous*. Can any man say, that the above determination *will* prevent the introduction of Socinian, Arian, or Rabbinical heresies, when it is known that some of the very men who framed the law, are violently opposed to the christianity of the church of England; secondly, we (Marshall) ask but one question, and on the answer to it are content to rest the whole matter. Will the committee of the London University permit a Deist in divinity, or a *materialist in philosophy*, (good God, is ours a world of spirits?) to read lectures on *physiology or anatomy* to the students who may enter at that school? If so, the governors of the land should look to it, for by this very means a door will be opened for more blasphemy, impiety, and irreligion, than our country has ever before been exposed to."—P. 31.

Say you so, truepenny! Because "doctrines inconsistent with the duty which all men owe to God" may not be discussed, *therefore* "a door will be opened for more blasphemy, impiety, and irreligion, than our country has ever before been exposed to." Admirable logic! "A Socinian," says the meek Mr. Marshall, "does not deem it irreverent to *question* the inspiration of the

Bible," whence it should appear, that to seek for internal evidence of truth in the scriptures, is a most grievous piece of irreverence. Were all men, like Mr. Marshall, to believe things without knowing why, we grant him that "heresies," as he is pleased to call differences of opinion, would be very uncommon, since the *dictum* of any man, though never so false, would be current with the multitude. Without inquiry, there could be but one opinion, and of consequence no heresy, although error should pass for truth. Were all men Marshalls, they would be what their teachers, or rather their nurses, were; and knowing things only by imitation and precept, report and hearsay, swear stoutly that theirs was the only true opinion—like the musician who kicked every one's shins whose notions of harmony did not perfectly accord with his own. It would be indecorous to mention the London University and Mr. Marshall's performance together. But, bating the calf's skin of this young gentleman, we will exhibit him in all his beautiful luxuriance, concentrate his metaphors, and make him smell sweet if we can. Such a passage as the following, for instance, should redeem a multitude of sins; observe, first, how he multiplies words:—

"That that disposition," he says, "which we (Marshall) designate (call) perseverance, because it makes us strictly and steadily pursue a particular line of conduct, should be encouraged, will appear evident to all who have contemplated the *grand spectacle*, so common in this happy country, of a man rising progressively by industrious habits from a condition of *poverty, dependance, and servitude*, to the attainment of *wealth*, of *honour*, and of *rank*."

But the following loose metaphor beats every thing.

"- - - - - - - whose career," he says, ("of the man who has distanced poverty, dependance, and servitude,") may not inaptly be compared to the sun, on whose birthplace in the east, the clouds of darkness have settled; yet a little while, and he (to wit, the sun) is seen *struggling* to soar above the horison, *slowly* the light streams from his face, slowly he rises above the obscurity which hid his early rays, but higher and *higher as he mounts in the vault of day*, brighter and clearer are the views *which open beneath him*; until in the centre of the firmament he appears triumphant *over the whole world*; the brighter for *the darkness he has escaped*, the nobler for the *difficulties* he *has surmounted*, and the more glorious for the height he has attained."

We shall only give another extract or two of his very ridiculous style. He supposes three persons to be starving, and mark how he expresses himself:—

"Often in the same wretched hovel, he says, a father is *perishing for want*, a mother *expiring from lack of nourishment*, and their child *in convulsions from starvation!*"

Thus the first is supposed to be dying "from want," (of food, we presume,) the second "from lack of nourishment," and the third "from starvation"!!! Who cannot but admire Mr. Marshall.

"With his sentimentalibus, lachrymæ
rorum,
Pathos and bathos, delightful to see;
Chip and change words, à la mode
Marshallorum,
Hey diddle, ho diddle, pop tweedle dee!"

It generally happens that those who know the least themselves, are most ready to accuse others of ignorance; and, with little or no education, to write treatises upon it. The very ignorant are always the most daring, and the bad man generally pretends to the greater sanctity. But to say no more of this, there is direct evidence, in this wretched twopenny, that Mr. Marshall does not know the meaning of two Latin words which he has dragged into his paragraph, "credat Judæus," he has it, "the matter hushed up by a statement that the patient died of apoplexy;" thus doubting what he previously and afterwards asserts. As to his classical knowledge, that must be very scanty indeed. He talks, in one place, of Lucretius descanting "like an omniscient being," *de rerum natura*; but here, in a quotation, he has let us into a secret, that he only read him through the spectacles of Good's trans-

lation, for, with the exception of Wakefield, no one has had the absurd and impudent reading which Mr. Marshall, probably without knowing any thing about it, has quoted. It might be expected, that a man writing on "medical education," would recommend a knowledge of the Greek, the Latin, the French, and the German languages, but as if Mr. Marshall were the master of all these and more, which he certainly is not of either, he recommends the *Spanish* and *Hebrew*, with about the same propriety that he shows in the general conduct of his work. We are obliged to be thus explicit. Nor are we disposed to give him credit for the vast quantity of charity and religion that he pretends to possess. There is much of the *succus loliginis*, of the *aruge mera*, much of envy, detraction, false colouring, and cant, folly and rhodomontade in the book; but, in good sooth, little else; certainly nothing that deserves to be read. But we will allow him to speak again:—

"During the descriptions of the lecturer," he says, "who has not witnessed a reigning vacuity of countenance in the multitude; although, indeed, here and there faces may be seen full of intelligence."

Apparent rari *nantes in gurgite* vasto!

"Scarce things swimming in the gaping whirlpool!" And this is a man who presumes to write upon medical education, and to descant upon *taste*! He knows not what he does. To use a metaphor, thrice absurd, of his own, "the *heap* of his follies trembles beneath its own weight, and threatens destruction to its perverse and vitiated *architect*!" Who ever heard of the *architect* of a *heap*? but why should we trouble our readers with the fooleries of Mr. Foppington Marshall? a *heap*, to be sure, may be the result of labour, without any regular design, as much as his book, and, like it, be composed of refuse and filth; but such things do not "*tremble*." *In fine*, all the previous education that a medical student, or any other gentleman, wants, is a good one, and it is not necessary to state what he requires as to his immediate calling. There are bright beacons enough to light him on his path, without trusting to the farthing candle of Mr. Marshall, whose manner and accomplishments, we apprehend, no one will be desirous of emulating. We say it reluctantly, since he is evidently a youth, that he is a loose, inaccurate, verbose, and stupid writer; but he does not lack cunning, for he has published his work by subscription.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

AMPUTATION OF THE LOWER JAW.

A FEMALE, æt. 16, had an ovoid tumour about the size of a turkey's egg, situated upon the right side of the lower jaw, its base extending from the angle of that bone, to within a few lines of its symphysis. The skin covering it of was its natural colour, and moveable on the surface of the tumour. The swelling was firm and unyielding to the touch, and attached by a broad basis to the bone, so as not to admit of any motion. On examining the inside of the mouth, the tumour was found to extend from the last molar to the second incisor tooth of the same side, and the internal lamina of the bone was pushed outwards by the swelling.

She states that the disease first began about three years ago in the form of a gum-boil, some weeks after having received a severe bruise on the site of the present tumour; after this, the jaw was observed to swell, and very gradually to increase in size, attended, at intervals, with acute pain until May last, when it had acquired almost its present bulk. An attempt was then made to remove the tumour, it being thought practicable to detach it from the bone. However, on cutting down upon it, the disease was discovered to penetrate into the substance of the bone itself, and a portion only of the tumour was accordingly removed. Soon after this operation, the tumour began again to grow, and increased in size, even more rapidly than before.

As the tumour now involved the whole shaft of the bone, and as it was considered

probable that the disease would soon extend so far into the mouth as materially to interfere with deglutition, and sooner or later destroy life, the girl was advised to submit to the complete excision of the affected portion of the jaw-bone; this she assented to, and, accordingly, the operation was performed on the 25th ult.

Note of the Operation, by Mr. Wardrop.

"The operation consisted in,

1st, Making an incision along the cervical edge of the tumour, which commenced at the angle of the jaw, and extended to a little beyond the chin.

2dly, An incision was made at right angles with the first, commencing a little anteriorly to the insertion of the masseter muscle, and extending up the cheek near to the molar bone.

3dly, An incision was next made, dividing the under lip and soft parts of the chin, at right angles, with the first incision.

The two flaps thus formed were dissected back, laying open the cavity of the mouth, and completely exposing the whole of the upper part of the tumour. The edge of the masseter muscle, which lay in immediate contact with the edge of the tumour, was carefully dissected back, sufficiently to expose the bone for the application of the saw. The section of the bone was made immediately behind the last of the large grinders, in an oblique direction, from without inwards. In consequence of the thickness of the soft parts covering the bone, the prominence of the tumour, and the closeness of the upper and under jaw at that part limiting the action of the saw, this was rendered by far the most difficult step of the operation, and it was the most hazardous from the contiguity of so many important organs. The next step of the operation, consisted in sawing through the bone between the two central incisor teeth, which was easily accomplished. The portion of the jaw to which the tumour was attached being now liberated, it was easily turned outwards, so that it admitted of being readily dissected from the soft parts within the mouth, with which it was connected. Great care was taken, in this part of the dissection, to divide the soft parts close to the bone.

During the operation, it was computed that the patient lost not less than two pounds of blood, the vessels which were divided having bled very freely. Several branches of the angular artery were secured with ligatures, as well as the coronary artery of the lip, during the operation, and only two vessels were tied after the removal of the tumour; the dental artery did not bleed; the lingual artery was exposed, but not wounded.

The edges of the wounds were readily brought together, one silver pin being put into the lip at its red edge, and the rest was kept in contact by stitches of the interrupted suture, and a few pieces of adhesive plaster. No bandages or dossils of lint were used, and the parts assumed quite a natural look, when compared to their hideous appearance during the performance of the operation.

She endured the operation with the greatest fortitude; and notwithstanding the large quantity of blood lost by so feeble a person, and the great state of exhaustion to which she was reduced, she was not allowed to get wine, or any other cordial, fearing the danger of inflammation surpervening, which might have prevented the wounds of the integuments being healed by adhesion."

She took two grains of opium an hour before the operation, and thirty drops of laudanum were given her immediately after it. She remained tranquil, and passed a quiet night, having suffered much less than after the former operation.

On the second night she took five grains of calomel, after which she slept well; there was no swelling or redness of the integuments around the wound.

On the evening of the third day, her pulse, which had been frequent but feeble, acquired more power, and, in a few hours, a bleeding took place from the wound into the mouth. This ceased, in two hours, by the application of a bladder of ice externally, and by giving internally a dose of opium.

On the fourth day she continued perfectly free from pain. The dressings were removed from the wound. The thread, which had been twisted round the pin, was divided the day after the operation, in order to avoid any unnecessary compression of the lip, and the wound kept well together by the pin alone, which was transfixed through the lip. The pin was now withdrawn. A complete adhesion of the wound in the lip had taken place, as well as all that portion extending to the second perpendicular incision. A small part here had suppurated. Her bowels had been regulated by clysters, and, until the third day, she lived on gruel and tea.

On the eighth day, but a small portion of the wound had not closed. It is extraordinary, how little difference there is in the form and appearance of the two cheeks. She was able to dress herself, and sit up; her diet is still very sparing.

HYPERTROPHY.

In the 173d Number of this Journal, we gave a particular account of this patient's case, and stated that Mr. Wardrop had successfully tied the carotid artery beyond an aneurismal tumour of that vessel.

About three weeks after the operation she caught cold, and drank some spirits, after which she was seized with a violent cough, attended with fever; and it was observed that the tumour, which now remained in the neck, increased in bulk, and its pulsation became stronger. All these symptoms were relieved by a repetition of small bleedings, and she appeared to be convalescent. Three weeks after this, together with all the symptoms of hypertrophy of the heart indicated by a stethoscopic examination, there came on a considerable œdema of both legs; the swelling of the lower extremities continued to augment, notwithstanding the use of a variety of diuretics; but the secretion of urine was increased by small bleedings from the arm, and occasional cuppings. She died on the 23d ult., never having complained of the swelling in her neck, or of any symptoms referrible to a disturbed circulation within the head, from the date of the operation, which was performed on the 10th of December.

Up to the day of her death, a tumour remained in her neck of about the bulk of an almond, which pulsated strongly, felt very thin in its coats, and its contents could be readily squeezed out of it, but returned rapidly when the pressure was removed.

Morbid Anatomy.

This interesting dissection was conducted by Mr. Bennett, of which he drew up the following memorandum:—

"The body was generally anasarcous, the lower extremities being swollen to twice their natural size. The tumour, which had existed in the neck during life, was not apparent after death. The arterial system being that to which our attention was particularly directed, the thorax was opened, and the teguments of the neck removed. The heart presented an unusual state of *hypertrophia* of both sides, being three times as large as natural. The serous membrane contained the usual quantity of serum found in similar cases, and appeared to have suffered from repeated attacks of inflammation, judging from the extent and thickness of the patches of organised lymph which had been previously effused from time to time. The aorta and arteria innominata presented nothing remarkable externally, but, internally, innumerable small yellow patches were observed, where ossific depositions had commenced. The muscles of the neck being removed, the arteria innominata, right subclavian, and carotid, were exposed. The carotid artery, immediately after its commencement, presented a manifest dilatation, which corresponded with the situation of the tumour that existed prior to death; and the fact of the vessels being perfectly empty, and their walls collapsed, readily accounted for the swelling having disappeared. The length of the dilated portion, was a little more than an inch. On examining the upper part of the artery, and replacing the teguments, so as to compare the relative positions of the cicatrix, (where the wound of the operation had been made,) and that of the vessel, both were found to be in exact correspondence; the line of the cicatrix obliquely crossing nearly at its centre, the line of the artery about half an inch below its bifurcation into the external and internal carotids. Intermediately between the cicatrix and the artery, the space was occupied by cellular tissue, condensed into a mass of apparently a fibrous structure. This substance intimately adhered not only to the artery, but also to the eighth pair of nerves. On slitting open the artery, the dilated portion was much thinner in its wall than the rest of the vessel. The internal surface presented numerous patches, or rather elevated flakes, of a yellow substance, but no cicatrix, or other appearance, could enable us to ascertain the precise point where the ligature had been applied. The carotid was completely pervious, as also were its several branches, with the exception of the superior thyroid, which was filled with a plug of organised lymph. It was also found that the vertebral artery, on the same side, was filled with a similar plug."

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF IMPETIGO FIGURATA.

Dr. Bateman, in his Synopsis, observes, that this form of eruption "is characterised by the appearance of small pustules, denominated paydracia. It is not accompanied by fever, not contagious, nor communicable by inoculation, chiefly occurring on the extremities."

George Piper, æt. 19, has been afflicted with this complaint for the last twelve months; his health is apparently good; rest and appetite natural. The eruption is mostly confined to the lower third of the right inferior extremity; two patches are situated on the carpus of the left hand, and one occupies the space between the metacarpal bone of the fore-finger and thumb of the right. The patches are circumscribed; those on the hands are small and nearly circular; the others oval, and of the size of a sixpence. They appear to consist, at first, of clusters of paydracious pustules, set close together and surrounded by a slight inflammatory border, the whole being somewhat raised, but the pustules not very prominent

or accuminated. A few days after his admission some of the patches broke and discharged a fluid. The surface became red and excoriated, exhibiting numerous minute pores, from which a considerable ichorous discharge took place, accompanied with much troublesome itching, heat, and smarting. Dr. Bateman says, "This discharge soon concretes partially into thin yellowish, or greenish scabs, but still continues to ooze from under the scab which it forms. In the course of three or four weeks, as the quantity of the discharge diminishes, the scabs dry and fall off, leaving the surface of the cuticle red, rough, and somewhat thickened, and at the same time extremely brittle and liable to crack and to be excoriated; so that the ichorous discharge and scabbing are easily reproduced, and the disease thus much prolonged in its duration." Such has been the case in the present instance. The discharge concreted into yellowish scabs, but continued for some time to ooze from beneath them, and the eruption has been kept up previous to admission by the continual cracking of the red and brittle cuticle.

Mr. Earle, to whom the case belonged, directed a lotion, consisting of half an ounce of sulphuret of potass in a pint of distilled water, to be frequently applied to the patches; five grains of blue pill to be taken every night, and a pint of decoctum sarsaparilæ quotidie. The lotion, after a few applications, succeeded in allaying the itching which tormented him previous to admission: it occasioned considerable smarting when used. Under this treatment, which has been pretty vigorously pursued for some time, the eruption has assumed a healthy aspect; some of the patches are healed. The amendment commenced in the centre, which subsided, leaving the border elevated. Shortly after, the elevated margin disappeared; but the cuticle, which was the seat of the patch, remains red, shining, and tender. Numerous local applications had been resorted to previous to admission, but were unattended with any beneficial effect.

EXTRAORDINARY CASE OF MALFORMATION OF THE URINARY AND GENITAL ORGANS IN A FEMALE.

Mary Pratt, ætat. 10, of a frail form, and debilitated aspect, was admitted into the Hospital on account of a fungous tumour on the lower part of the abdomen, through which the urine is involuntarily discharged. Upon examination, it was found to result from a *deficiency* of the *anterior* portion of the *bladder*, while the *posterior* part of that organ is protruded forward through an aponeurotic expansion in the inguinal region, formed by the interlacement of the tendinous fibres of the abdominal muscles; so that in fact the interior surface of the posterior portion of the bladder forms the tumour seen on the external surface of the abdomen. The fungus occupies the region of the pubes, extending from thence to the usual situation of the symphysis, and is of the size of half a large orange. On either side it is bounded by the recti muscles; its colour is red, and presents a granulated surface, which is moist, and frequently covered with a thick layer of mucus; its sensibility is exquisite.—From the inferior part of the fungus, and about equidistant from its edges and from each other, are seen two projections, mamillary processes or papillæ, denoting the termination of the *ureters*. From these the urine exudes *guttatim*; but by the action of the abdominal muscles it occasionally spirts out in a small stream. There is a depression around the edges of the tumour, which at its inferior part forms a sort of triangular cleft, into which the urine exudes, the apex of which is continuous with the raphe perinæi. On either side of this cleft, and in contact with the fungus, are two small bodies, probably the glans clitoridis; the external labii pudendi considerably recede from each other; the nymphæ, as likewise the meatus urinarius, are wanting; the ossa pubis are two inches apart; their spines being thrown forward, form projections at either side of the protruded bladder. The bodies of the bones are connected by a ligamentous membrane, which forms the point of support for the viscera of the abdomen; the situation of the anus is rather more forward than natural, so as to diminish the breadth of the perinæum; the os coccygis is more than ordinarily incurvated; the vagina is pervious, but its calibre is only just sufficient to admit the passage of a probe; the umbilicus is so blended with the integuments at the upper edge of the protruded bladder, that scarcely any vestiges of it are traceable. As a consequence naturally looked for, resulting from the separation of the bones of the pubes is found a larger and a flatter pelvis. The acetabula and thighs are separated further from each other, and there is considerable lateral motion, so that the combined effect of the many consequent on one original cause gives to the child a very staggering gait.

Mr. Earle has been endeavouring to destroy the vascular mucous surface of the bladder by the use of caustic. Since its application the cuticle has extended slightly on its upper edges. This being considered an excellent opportunity, it was contemplated to try some experiments upon the urinary secretions, to ascertain the length of time different drugs would take, after exhibition, before their presence could be detected in

the urine. On Friday, twenty minims of the volatile spirits of turpentine were given in a table spoonful of tepid water; its odour became apparent in the urine in twenty-six minutes.

On Sunday, at twelve, Dr. Prout was to have met Mr. Earle, but did not keep his appointment. Half a drachm of the volatile oil was given in some water, and its odour became manifest in the urine in sixteen minutes.

A plaister of Paris cast has been taken of the tumour. A kind of concave shield is to be accurately made for it. As soon as we have had an opportunity of seeing the contrivance, we will inform our readers whether or not it is adequate to the end proposed,—that of relieving, as far as art can effect, the patient's present miserable situation.

CASE OF OSTEOSARCOMA.

Mr. Earle, on his next visit to this patient, after the appearance of the report of the case in THE LANCET, told him (so we were informed) "*that he had no further measures to propose for his relief*," and that he was at liberty to leave the Hospital—humanely adding, however, that he would not *discharge* him.

ST. THOMAS'S HOSPITAL.

TREATMENT OF INTERMITTENTS, BY THE EXHIBITION OF SULPHATE OF QUININE, IN LARGE DOSES, IMMEDIATELY PREVIOUS TO THE PAROXYSM.

WE have before had occasion to remark, that an unusual number of patients affected with ague, have been admitted into the Hospital during the winter season. The sulphate of quinine exhibited in doses of four or five grains, every four or six hours, during the intermission, has in every instance succeeded in curing the disease. We speak more especially of those cases admitted under the care of Dr. Elliotson, and of which upwards of forty have fallen under our immediate observation. Dr. Elliotson has of late adopted a novel method of exhibiting the sulphate of quinine; instead of giving it at stated periods throughout the intermission, he administers a large dose (as, for instance, ten grains,) immediately previous to the paroxysms, or three doses of five grains each, every hour before the expected approach of the chilly fit. The result of this plan of treatment has been favourable in every case. The following are examples:—

CASE 1.—A young man has had quotidian ague since last July, with the exception of five weeks before Christmas. The chilly fit is of long duration, and commences at ten in the morning. Ordered—to take five grains of the sulphate of quinine at seven o'clock, a similar dose at eight, and also at nine o'clock. These measures were complied with, and the chilly fit did not occur on the day in which the quinine was exhibited, or subsequently.

CASE 2.—Tertian ague for two months, the paroxysm occurring about midnight. Ordered, to take ten grains of the sulphate of quinine a short time before the usual period of the chilly fit. No paroxysm on that day, or afterwards.

CASE 3.—Quotidian ague of seven weeks standing, the paroxysm commencing at eight in the evening. Ordered, to take ten grains of the sulphate of quinine at seven o'clock in the evening. The fit was not prevented, and a similar dose of quinine was therefore given on the following evening. The paroxysm did not then recur, or subsequently.

RUPTURE OF THE HEART.

A stout young man, servant to a brewer, was admitted into the Hospital, on the 29th of March, about seven o'clock in the morning, on account of severe injury to the left side. The accident occurred whilst in the act of lowering a butt of beer with a crane; the handle of the machine by some mischance, was released, and revolving with great velocity and force, it struck the poor man on the left side of the chest.

He was conveyed to the Hospital, about half an hour after the accident, and at this time, we learn from the intelligent dresser in attendance, (Mr. Ainsworth,) that he was in a complete state of prostration—the surface of the body was cold, the pulse exceedingly feeble and quick, but not irregular. There was marked anxiety of the countenance, and extreme restlessness or jactitation formed an important feature. On examining the side, the fourth, fifth and sixth ribs were found to be fractured, but apparently were not driven in. The treatment adopted was in reference to the low state of the vital powers; endeavours were made to excite reaction, by the exhibition of brandy, and the use of the warm air bath, but with no effect. It soon became apparent that a shock had been given to the system, against which nature was feebly struggling; the heart gradually became more and more feeble in its beat, until life was extinct, which event occurred about an hour and a half after the poor fellow's admission into the Hospital. He was perfectly sensible throughout, and a few minutes before his death, in answer to an inquiry, said that he was better.

The body was examined on the same day, when, on laying open the pericardium, it was found to be filled with coagulated blood, and this on further inspection was discovered to have issued from a lacerated wound of the heart, situated nearly at the apex of the right ventricle. There was an ecchymosed spot of about the size of a shilling, and in the centre of this, was an opening just large enough to admit the end of a blunt probe. The appearance of ecchymosis was produced by the extravasation of blood under the pericardium, investing the heart. It was observed after making a transverse section of the heart, that the opening passed in an oblique direction, to the cavity of the right ventricle. There was considerable laceration of the septum of the ventricles at its lower part, so that a communication existed between these cavities; the torn muscular fibre had a jagged and ecchymosed appearance. There is one other circumstance which it may not be unimportant to mention —namely, that there were strong adhesions (of long standing) on the left side, between the pleura pulmonalis, and pleura costalis.

Books *received for Review.*

Illustrations of the Arteries connected with Aneurism and Surgical Operations; No. I. containing three plates of the Anatomy of the Brain; second edition. No. II, containing Plates 2, 3, and 4, of a complete series. No. III. containing Plate 5, (supplementary to No. II.) of the Axilla; Plate 6, Dissections 1, 2, 3, 4; and Plate 7, Dissections 1, 2, comprising the Anatomy of the Superior Extremity, bend of the Fore-arm and Hand. By G. D. Dermott, M.R.C.S., and Lecturer on Anatomy in the Anatomical Theatre, Windmill-street, London. Burgess and Hill, 1827. Folio, with letter-press descriptions.

Elements of Physic, or Natural Philosophy, general and medical, explained, independently of Technical Mathematics. By N. Arnott, M.D., of the Royal College of Physicians. London; Underwood, 1827; pp. 611. 8vo.

An Oration, delivered before the Medical Society of London, on Thursday, March 8, 1827, being the 54th anniversary. By William Kingdon, Vice President, Surgeon to the City and Islington Dispensary, and consulting Surgeon to the Stamford Hill, Stoke Newington, Hackney, and Kingsland Dispensary. London; Long, 1827; pp. 16, 8vo.

Laws of Physiology; translated from the Italian of Il Signor Dott. B. Mojon, Professor Emeritus in the Royal University of Genoa, &c., with additions, and a Physiological Table of Man. Dedicated by permission to Sir Astley Paston Cooper, Bart. By George R. Skene, Member of the Royal College of Surgeons in London, &c. Burgess and Hill, pp. 126, 8vo. 1827.

Instructions for collecting, preserving, and transporting such Specimens of Natural History as appertain to the Animal Kingdom, principally translated from the French. By John Chichester, M. D., Cheltenham. E. Matthews, 1826. pp. 49. 8vo.

Outlines of Phrenology, being also a Manual of reference for the marked Busts. By G. Spurzheim, M.D., of the Universities of Vienna and Paris, and Licentiate of the Royal College of Physicians of London, with a Frontispiece. London. Treuttel and Co., 1827. London. 12mo. pp. 100.

Observations on the Surgical Pathology of the Larynx and Trachea, chiefly with a view to illustrate the affections of those Organs which may require the Operation of Bronchotomy; including Remarks on Croup, Cynanche Laryngea, Foreign Bodies in the Windpipe, Wounds, &c. By William Henry Porter, A.M., Member of the Royal College of Surgeons in Ireland; Surgeon to the Meath Hospital, and County Dublin Infirmary; and Lecturer on Anatomy and Surgery in the Medico-Chirurgical School, Park-street. Hodges and M'Arthur, Dublin, and Underwoods, London. 8vo. pp. 283. 1826.

TO CORRESPONDENTS.

The following communications have been received:—S. R———t.—Y. R. N.—Patience—No Humbug—An Enemy to "Hole and Corner" Surgery — Quiz—"Stentor"—A Constant Reader—Hygeiaphilos — A Reformer—A Pupil of the London Hospital—"An Advocate for New Regulations" — General Practitioner — A *Physician's Pupil.*

We very much fear that "An Articled Pupil" is too sanguine. The information he requires shall be supplied before it can be of service to him.

We shall take an early notice of the abuse mentioned by a "Pupil of St. Bartholomew's." The question he asks was answered in our last; will he count the pages?